# IOWA COURT RULES

# FIFTH EDITION

October 2022 Supplement



Published under the authority of Iowa Code section 2B.5B.

#### **PREFACE**

The Fifth Edition of the Iowa Court Rules was published in July 2009 pursuant to Iowa Code section 2B.5(2). Subsequent updates to the Iowa Court Rules, as ordered by the Supreme Court, are published in electronic format only and include chapters that have been amended or adopted.

The Iowa Court Rules and related documents are available at www.legis.iowa.gov/law/courtRules.

To receive e-mail notification of the publication of a Supplement to the Iowa Court Rules, subscribe at www.legis.iowa.gov/subscribe/subscriptions.

**Inquiries.** Inquiries regarding access to the Iowa Court Rules should be directed to the Legislative Services Agency's Computer Services Division Help Desk at 515.281.6506.

Citation.	The rules shall be cited as	follows:

Chapter 1	Iowa R. Civ. P.
Chapter 2	Iowa R. Crim. P.
Chapter 5	Iowa R. Evid.
Chapter 6	Iowa R. App. P.
Chapter 16	Iowa R. Elec. P.

Chapter 32 Iowa R. of Prof'l Conduct
Chapter 51 Iowa Code of Judicial Conduct

All other rules shall be cited as "Iowa Ct. R."

**Supplements.** Supplements to the Fifth Edition of the Iowa Court Rules have been issued as follows:

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2009 — August, September, October, November, December
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2010 — January, February, March, May, June, August, September, December

2011 — February

2012 — January, May, June, August, September, December

2013 — March, May, June, August, September, November, December

2014 — January, March, April, June, December

2015 — January, April, May, October, December

2016 — February, July, August, December

2017 — January, April, August, September, November, December

2018 — June, August, December

2019 — February, July, August, December

2020 — February, April, June, September, October, December

2021 — April, May, June, July, August, September, October, December

2022 — January, February, March, June, September

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# INSTRUCTIONS FOR UPDATING THE IOWA COURT RULES

Replace Chapters 12 and 13

# CHAPTER 12

# RULES FOR INVOLUNTARY HOSPITALIZATION OF MENTALLY ILL PERSONS

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# CHAPTER 12 RULES FOR INVOLUNTARY HOSPITALIZATION OF MENTALLY ILL PERSONS

[Forms included at rule 12.36] See Iowa Code section 229.40

Rule 12.1 Application — forms obtained from clerk. A form for application seeking the involuntary hospitalization or treatment of any person on grounds of serious mental impairment may be obtained from the clerk of court in a county in which the person whose hospitalization is sought resides or is presently located. Such application may be filled out and presented to the clerk by any person who has an interest in the treatment of another for serious mental impairment and who has sufficient contact with or knowledge about that person to provide the information required on the face of the application and by Iowa Code section 229.6. The clerk or clerk's designee shall provide the forms required by Iowa Code section 229.6 to the person who desires to file the application for involuntary commitment. The clerk shall see that all the necessary information required by Iowa Code section 229.6 accompanies the application.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.2 Termination of proceedings — insufficient grounds. If the judge or referee determines that insufficient grounds to warrant a hearing on the respondent's serious mental impairment appear on the face of the application and supporting documentation, the judge or referee shall order the proceedings terminated, so notify the applicant, and all papers and records pertaining thereto shall be confidential and subject to the provisions of Iowa Code section 229.24. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

#### Rule 12.3 Notice to respondent — requirements.

- **12.3(1)** If the judge or referee determines that sufficient grounds to warrant a hearing on the respondent's serious mental impairment appear on the face of the application and supporting documentation, the sheriff or sheriff's deputy shall immediately serve notice, personally and not by substitution, on the respondent. Pursuant to Iowa Code section 229.9, notice shall also be served on respondent's attorney as soon as the attorney is identified or appointed by the judge or referee.
- **12.3(2)** If the respondent is being taken into immediate custody pursuant to Iowa Code section 229.11, the notice shall include a copy of the order required by section 229.11 and rule 12.14.
- **12.3(3)** The notice of procedures required under Iowa Code section 229.7 shall inform the respondent of the following:
  - a. The respondent's immediate right to counsel, at county expense if necessary.
- b. The right to request an examination by a physician of the respondent's choosing, at county expense if necessary.
  - c. The right to be present at the hearing.
- d. The right to a hearing within five days if the respondent is taken into immediate custody pursuant to Iowa Code section 229.11.
- *e*. The right not to be forced to hearing sooner than forty-eight hours after notice, unless respondent waives such minimum prior notice requirement.
  - f. The respondent's duty to remain in the jurisdiction and the consequences of an attempt to leave.
- g. The respondent's duty to submit to examination by a physician appointed by the court. [Supreme Court Report 1979; amendment 1982; November 9, 2001, effective February 15, 2002]
- **Rule 12.4 Notice requirement** waiver. The respondent may waive the minimum prior notice requirement only in writing and only if the judge or referee determines that the respondent's best interests will not be harmed by such waiver.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.5 Hearings — continuance. At the request of the respondent or the respondent's attorney, the hearing provided in Iowa Code section 229.12 may be continued beyond the statutory limit in order that the respondent's attorney has adequate time to prepare for the case, and in such instances custody pursuant to Iowa Code section 229.11 may be extended by court order until the hearing is

held. The continuance shall be no longer than five days beyond the statutory limit, unless respondent gives written consent to the longer continuance.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.6 Attorney conference with respondent — location — transportation. If the respondent is involuntarily confined prior to the hearing pursuant to a determination under Iowa Code section 229.11, the respondent's attorney may apply to the judge or referee for an opportunity to confer with the respondent, in a place other than the place of confinement, in advance of the hearing provided for in Iowa Code section 229.12. The order shall provide for transportation and the type of custody and responsibility therefor during the period the respondent is away from the place of confinement under this rule.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

**Rule 12.7 Service, other than personal.** If personal service as defined in rule 12.3 cannot be made, any respondent may be served as provided by court order, consistent with due process of law. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

**Rule 12.8 Return of service.** Returns of service of notice shall be made as provided in Iowa R. Civ. P. 1.308.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

**Rule 12.9 Amendment of proof of service.** Amendment of process or proof of service shall be allowed in the manner provided in Iowa R. Civ. P. 1.309. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.10 Attorney evidence and argument — predetermination. If practicable the court should allow the respondent's attorney to present evidence and argument prior to the judge's determination under Iowa Code section 229.11.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.11 Attorney evidence and argument — after confinement. If the respondent's attorney is afforded no opportunity to present evidence and argument prior to the determination under Iowa Code section 229.11, the attorney shall be entitled to do so after the determination during the course of respondent's confinement pursuant to an order issued under that section.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.12 Examination report to attorney. The clerk shall furnish the respondent's attorney with a copy of the examination report filed pursuant to Iowa Code section 229.10(2), as soon as possible after receipt. In ruling on any request for an extension of time under Iowa Code section 229.10(4), the court shall consider the time available to the respondent's attorney after receipt of the examination report to prepare for the hearing and to prepare responses from physicians engaged by the respondent, where relevant. Respondent's attorney shall promptly file a copy of a report of any physician who has examined respondent and whose evidence the attorney expects to use at the hearing. The clerk shall provide the court and the county attorney with a copy thereof when filed.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

**Rule 12.13 Physician's report.** The court-designated physician shall submit a written report of the examination as required by Iowa Code section 229.10(2) on the form designated for use by the supreme court. The report shall contain the following information, or as much thereof as is available to the physician making the report:

- (1) Respondent's name;
- (2) Address;
- (3) Date of birth;
- (4) Place of birth;
- (5) Sex;
- (6) Occupation;
- (7) Marital status;
- (8) Number of children, and names;

- (9) Nearest relative's name, relationship, and address; and
- (10) The physician's diagnosis and recommendations with a detailed statement of the facts, symptoms and overt acts observed or described to the physician, which led to the diagnosis. [Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]
- **Rule 12.14 Probable cause.** The judge's or referee's immediate custody order under Iowa Code section 229.11 shall include a finding of probable cause to believe that the respondent is seriously mentally impaired and is likely to inflict self-injury or injure others if allowed to remain at liberty. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]
- **Rule 12.15 Hearing county location.** The hearing provided in Iowa Code section 229.12 shall be held in the county where the application was filed unless the judge or referee finds that the best interests of the respondent would be served by transferring the proceedings to a different location. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]
- Rule 12.16 Hearing location at hospital or treatment facility. The hearing required by Iowa Code section 229.12 may be held at a hospital or other treatment facility, provided a proper room is available and provided such a location would not be detrimental to the best interests of the respondent. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]
- Rule 12.17 Respondent's rights explained before hearing. The respondent's rights as set out in rule 12.3(3) and the possible consequences of the procedures shall be explained to the respondent by the respondent's attorney to the extent possible. Prior to the commencement of the hearing under Iowa Code section 229.12, the judge or referee shall ascertain whether the respondent has been so informed.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

**Rule 12.18 Subpoenas.** Subpoena power shall be available to all parties participating in the proceedings, and subpoenas or other investigative demands may be enforced by the judge or referee. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

#### Rule 12.19 Presence at hearing — exceptions.

- 12.19(1) The person(s) filing the application and any physician or mental health professionals who have examined respondent and have submitted a written examination of the respondent in connection with the hospitalization proceedings must be present at the hearing conducted under Iowa Code section 229.12 unless their presence is waived by the respondent's attorney, the judge or referee finds their presence is not necessary, or their testimony can be taken through telephonic means and the respondent's attorney does not object.
- 12.19(2) The respondent must be present at the hearing unless prior to the hearing the respondent's attorney stipulates in writing to respondent's absence, such stipulation to state that the attorney has conversed with the respondent, that in the attorney's judgment the respondent can make no meaningful contribution to the hearing, and the basis for such conclusions. A stipulation to the respondent's absence shall be reviewed by the judge or referee before the hearing, and may be rejected if it appears that insufficient grounds are stated or that the respondent's interests would not be served by respondent's absence.

[Supreme Court Report 1979; amendment 1980; October 11, 1991, effective January 2, 1992; November 9, 2001, effective February 15, 2002]

- **Rule 12.20 Hearing electronic recording.** An electronic recording or other verbatim record of the hearing provided in Iowa Code section 229.12 shall be made and retained for three years or until the respondent has been discharged from involuntary custody for 90 days, whichever is longer. [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]
- Rule 12.21 Transfer from county of confinement. If the respondent is in custody in another county prior to the hearing provided in Iowa Code section 229.12, respondent's attorney may request that the respondent be delivered to the county in which the hearing will be held prior thereto in order to facilitate preparation by respondent's attorney. Such requests should be denied only if they are unreasonable and if the denial would not harm respondent's interests in representation by counsel.

This rule is not intended to authorize permanent transfer of the respondent to another facility without conformance to appropriate statutory procedures.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

**Rule 12.22 Evaluation and treatment.** If the respondent is found by the court to be seriously mentally impaired following a hearing under Iowa Code section 229.12, evaluation and treatment shall proceed as set out in Iowa Code section 229.13.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.23 Evaluation — time extension. If, pursuant to Iowa Code section 229.13, the chief medical officer requests an extension of time for evaluation beyond 15 days, the chief medical officer shall file application in the form prescribed by this chapter with the clerk of court in the county in which the hearing was held. The application shall contain a statement by the chief medical officer or the officer's designee identifying with reasonable particularity the facts and reasons in support of the request for extension. The clerk shall immediately notify the respondent's attorney of the request and shall furnish a copy of the application to the attorney. The clerk shall also immediately furnish a copy of the application to the respondent's advocate, if one has been appointed.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.24 Evaluation report. The findings of the chief medical officer pursuant to Iowa Code section 229.14 must state with reasonable particularity on the form prescribed by this chapter the facts and basis for the diagnostic conclusions concerning the respondent's serious mental impairment and recommended treatment, including but not limited to: The basis for the chief medical officer's conclusion as to respondent's mental illness, judgmental capacity concerning need for treatment, treatability, and dangerousness; and the basis for the chief medical officer's conclusions concerning recommended treatment including the basis for the judgment that the chief medical officer's treatment recommendation is the least restrictive alternative treatment pursuant to options (a), (b), (c), or (d) of Iowa Code section 229.14(1).

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002; October 1, 2008, effective December 15, 2008]

Rule 12.25 Reports issued by clerk. The clerk shall promptly furnish copies of all reports issued under Iowa Code section 229.15 to the patient's attorney or advocate or to both if they both are serving in their respective capacities at the same time, and such reports shall comply substantially with the requirements of rule 12.24.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.26 Clerk's filing system. The clerk shall institute an orderly system for filing periodic reports required under Iowa Code section 229.15 and shall in timely fashion ascertain when a report is overdue. In the event a report is not filed, the clerk shall contact the chief medical officer of the treatment facility and obtain a report.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.27 Emergency detention — magistrate's approval. If the magistrate does not immediately proceed to the facility where a person is detained pursuant to Iowa Code section 229.22, the magistrate shall verbally communicate approval or disapproval of the detention and such communication shall be duly noted by the chief medical officer of the facility on the form prescribed by this chapter.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.28 Emergency detention — medical officer absent from facility. If the facility to which the respondent is delivered pursuant to Iowa Code section 229.22 lacks a chief medical officer, the person then in charge of the facility shall, if treatment appears necessary to protect the respondent, immediately notify a physician. The person in charge of the facility shall then immediately notify the magistrate.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.29 Attorney appointed. As soon as practicable after the respondent's delivery to a facility under Iowa Code section 229.22, the magistrate shall identify or appoint an attorney for the respondent and shall immediately notify such attorney of respondent's emergency detention. If counsel can be identified at the time of respondent's arrival at a facility, or if legal services are available through a legal aid or public defender office, the magistrate must immediately notify such counsel and such counsel shall be afforded an opportunity to see the respondent and to make such preparation as is appropriate before or after the magistrate's order is issued.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.30 Chemotherapy procedure. When chemotherapy has been instituted prior to a hearing under Iowa Code section 229.12, the chief medical officer of the facility where the respondent is hospitalized shall, prior to the hearing, submit to the clerk of the district court where the hearing is to be held, a report in writing listing all types of chemotherapy given for purposes of affecting the respondent's behavior or mental state during any period of custody authorized by Iowa Code section 229.4(3), 229.11 or 229.22. For each type of chemotherapy the report shall indicate either the chemotherapy was given with the consent of the patient or the patient's next of kin or guardian or the way the chemotherapy was "necessary to preserve the patient's life or to appropriately control behavior by the person which is likely to result in physical injury to that person or others if allowed to continue." The report shall also include the effect of the chemotherapy on the respondent's behavior or mental state. The clerk shall file the original report in the court file, advise the judge or referee and the respondent's attorney accordingly and provide a copy of the report to respondent's attorney if so requested.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.31 Outpatient treatment plan. If, pursuant to Iowa Code section 229.14(3), the chief medical officer determines that the patient is suited for outpatient care, the chief medical officer (or a designee) shall determine the specific care and treatment guidelines upon which the outpatient status will be based and shall discuss these guidelines with the patient. These written guidelines shall be known as the Outpatient Treatment Plan (O.T.P.). If the chief medical officer (or a designee) alleges that the O.T.P. has been breached, the judge or a judicial hospitalization referee shall hold a hearing as provided by Iowa Code sections 229.14(3) and 229.12 to determine whether the patient should be rehospitalized, whether the O.T.P. should be revised, or whether some other remedy should be ordered. The patient shall be given reasonable notice of such a hearing.

[Supreme Court Report 1982; amendment 1983; November 9, 2001, effective February 15, 2002]

Rules 12.32 to 12.35 Reserved.

# Rule 12.36 Forms for involuntary hospitalization of mentally ill persons.



Rule 12.36—Form 1: Application Alleging Serious Mental Impairment

	In the lowa District Court for $\frac{1}{C}$	ounty where Application is filed
n	the Matter of	No
₹e	spondent Full name: first, middle, last	Application Alleging Serious Mental Impairment
	eged to be Seriously Mentally paired	Iowa Code § 229.6
— I.	I, Full name: first, middle, last serious mental impairment.	, allege Respondent is suffering from
2.	In support of this Application, I state:	
3.	Check this box if you have attached additional parased on the above facts, I believe Reslacks judgmental capacity due to seriou	spondent is a danger to self or others and
1.	I request that:  Check one	
	<ul><li>A.     Respondent be taken into immediat</li><li>B.     Respondent not be taken into imme</li></ul>	·
5.	In support of this Application, I have attacheck all that apply	ached:
	<ul><li>A.  A written statement of a licensed ph</li><li>B.  One or more Affidavits corroborating</li></ul>	·
	designee. NOTE: This option is only ava	and reduced to writing by the clerk or the clerk's ailable when circumstances make it infeasible to obtain, or supplement, the information under either subparagraph
	Continued of	on next page



 $Rule~12.36 \\ --Form~1: \textit{Application Alleging Serious Mental Impairment}, continued$ 

Attorney Help Check one							
A.  An attorney did not help me prepare or fill in this paper.							
	torney helpe ing informatio		pare or fill i	n this pape	er If you check	B, you	must fill in the
Name o	of attorney or o	organization	, if any	Attorney's	PIN – Ask the	attorne	y
Busines	ss address of a	ttorney or o	rganization	City		State	ZIP code
Attorne	y's phone num	ber		Attorney's	email address	s – optiona	ıl
	ignature o			e read this	s Application	on, and	d I certify und
l, Print your fu	ll name: first, i	middle, last pursuant	, hav	s of the S			
I, Print your full penalty of p	ll name: first, i	middle, last pursuant	, hav	s of the Strect.			d I certify und
I, Print your fun penalty of p provided in	erjury and this Applica	middle, last pursuant ation is tr _, 20	to the law	s of the Strect.	tate of low		

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 Rule 12.36—Form 1
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# Rule 12.36—Form 2: Affidavit in Support of Application Alleging Serious Mental Impairment

In the lowa District Court for $\frac{1}{C}$			County where Affidavit is filed			
In the Matter of			No			_
Respondent Full	name: first, middle, last					Application Impairment
Alleged to be S	eriously Mentally	/	) <b>g</b>			
mpaired						Iowa Code § 229
,	, sta		m acquain	ted with R	esponder	nt who resides a
Street address		- City		County	State	ZIP code
Dath and signa			ive read th	nis Affidav	it, and I c	ertify under
	y and pursuant to	the laws	of the Stat	e of Iowa	that the i	nformation in
	, 20					
Ionth	Day Year	Affiant's	signature*			
Sailing address			City		, State	ZIP code
)_						
Phone number	Email a	ddress		Addition	al email addi	ress, if applicable
	ned either by using a d s/, or by printing and ho	_	ature, see insi	tructions at <u>l</u>	nttps://www.i	owacourts.gov/for-
luly 2022		Rule 12.36—F	Form 2			Page 1 o

[Court Order August 17, 2022, effective November 1, 2022]



Rule 12.36—Form 3: Application for Appointment of Counsel and Financial Statement

	In the lowa District Court for _	ounty where Application is filed	Cou	nty
In the	e Matter of	No		_
Resp	ondent Full name: first, middle, last	Application for Counsel and Fin		
Alleg Impa	ed to be Seriously Mentally ired			
<b>1.</b> I,		•	, s	tate that I am
	Print your full name: first, middle, last		·	
C	heck one			
	Respondent			
	Respondent's spouse			
	☐ Next friend of Respondent			
	Guardian of Respondent			
2. F	request the court appoint counsel to re ecause Respondent is financially unal Respondent's information		t public	expense
b	ecause Respondent is financially unal Respondent's information		t public	expense
2. F	ecause Respondent is financially unal Respondent's information		t public	Expense  ZIP code
2. F	Respondent's information  Respondent's information  Respondent's full name: first, middle, last	ole to employ counsel.		
b <b>2. F</b>	Respondent's information Respondent's information Respondent's full name: first, middle, last Street address Marital status	Die to employ counsel.		
b <b>2. F</b> A	Respondent's information  Respondent's information  Respondent's full name: first, middle, last  Street address  Marital status  Respondent's age:	City  Number of dependents		
2. <b>F</b>	Respondent's information  Respondent's information  Respondent's full name: first, middle, last  Street address  Marital status  Respondent's age:  Is Respondent currently in custody?	City  Number of dependents		
2. <b>F</b>	Respondent's information  Respondent's information  Respondent's full name: first, middle, last  Street address  Marital status  Respondent's age:  Is Respondent currently in custody? [  Respondent's employment status:	City  Number of dependents		
2. <b>F</b>	Respondent's information  Respondent's information  Respondent's full name: first, middle, last  Street address  Marital status  Respondent's age:  Respondent currently in custody? [  Respondent's employment status:	City  Number of dependents  Yes  No		
В 2. <b>F</b> A	Respondent's information  Respondent's information  Respondent's full name: first, middle, last  Street address  Marital status  Respondent's age:  Is Respondent currently in custody? [  Respondent's employment status:	City  Number of dependents  Yes  No		
В 2. <b>F</b> A	Respondent's information  Respondent's information  Respondent's full name: first, middle, last  Street address  Marital status  Respondent's age:  Is Respondent currently in custody? [  Respondent's employment status:  Full-time  Part-time (approximate hours per wards.)	City  Number of dependents  Yes  No		
В 2. <b>F</b> A	Respondent's information  Respondent's information  Respondent's full name: first, middle, last  Street address  Marital status  Respondent's age:  Is Respondent currently in custody? [  Respondent's employment status:  Full-time  Part-time (approximate hours per wards.)	City  Number of dependents  Yes  No		



Rule 12.36—Form 3: Application for Appointment of Counsel and Financial Statement, continued

#### 3. Respondent's income

A. Income Respondent currently receives before taxes and deductions:

\*How often received?  $W = Weekly \ B = Bi-weekly \ (every other week) \ M = Monthly \ Y = Yearly$ 

	Ir	ncome
Average current income for Respondent	How often received?*  W, B, M, Y	Amount
(1) Wages from employer  Employer name:  Job title:		\$
(2) Wages from employer  Employer name:  Job title:		\$
(3) Unemployment assistance		\$
(4) Family Investment Program		\$
(5) Social Security		\$
(6) Other  Identify:		\$
(7) Other  Identify:		\$
(8) Other <i>Identify:</i>		\$
(9) Totals from attached pages, if any  ☐ Check this box if you attached additional pages regarding income sources.		\$
Total Total income received by Respondent		\$

В.	Total income from the past 12 months from any source, before taxes and deductions:
	\$
C.	Is Respondent's spouse working? ☐ Yes ☐ No
	If yes, spouse's wages before taxes and deductions: \$
	per: ☐ hour ☐ month ☐ year

Continued on next page



Rule~12.36 - Form~3: Application for Appointment of Counsel and Financial Statement, continued

#### 4. Respondent's assets

#### A. Real estate

Type of real estate	Jointly owned?	Market value What it would sell for	Debt Total amount owed on debt and to whom owed	Net value Market value minus debt owed
(1) Homestead  Address		\$	\$ to:	\$
(2) Other real estate  Address		\$	\$ to:	\$

#### B. Vehicles (includes cars, trucks, motorcycles, boats, and other motorized vehicles)

Vehicle Make (e.g., Ford), model, year	Jointly owned?	Market value What it would sell for	Debt Total amount owed on debt and to whom owed	Net Value Market value minus debt owed
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

	Check this box if you have attached additional pages.
Э.	Other assets, if any:
	Check this box if you have attached additional pages
	Check this box if you have attached additional pages.

#### Continued on next page

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 Rule 12.36—Form 3
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 $Rule~12.36 \\ -Form~3: \textit{Application for Appointment of Counsel and Financial Statement}, continued$ 

#### 5. Respondent's debts

Debts and liabilities of Respondent	Debts and liabilities
	Amount
(1) Mortgage	\$
(2) Car loan	\$
(3) Credit card debt	\$
(4) Other  Identify:	\$
(5) Other  Identify:	\$
(6) Other  Identify:	\$
(7) Totals from attached pages, if any  Check this box if you attached additional pages regarding debts and liabilities.	\$
Total	\$

#### 6. Respondent's expenditures

Type of expense	Amount  Check one  monthly mannual
(1) House payment or rent	\$
(2) Food	\$
(3) Insurance (health, dental, auto, etc.)	\$
(4) Utilities (gas, electric, water, internet, etc.)	\$
(5) Phone	\$
(6) Child support payments	\$
(7) Car payment	\$

#### Continued on next page



 $Rule~12.36\\ --Form~3: \textit{Application for Appointment of Counsel and Financial Statement}, continued$ 

(2) 2.1	ayments		- \$		
(9) Other expens  Identify:	e		\$		
(10) Other exper	nse		\$		
(11) Other exper	nse		\$		
(11) Totals from a	attached pages, if any				
	ou attached additional pages regard	ing expenses.	•	<b>\$</b>	
Total Total expenditures			\$		
Oath and signate  I,  Print your full name:	, have	e read this /	Application,	and I certify u	
I, Print your full name: penalty of perjury	first, middle, last and pursuant to the laws pplication is true and corre	of the State		·	
I,	first, middle, last and pursuant to the laws	of the State ect.		·	
I,	first, middle, last and pursuant to the laws pplication is true and corre	of the State ect.			

<sup>\*</sup>This form may be signed either by using a digitized signature, see instructions at <a href="https://www.iowacourts.gov/for-the-public/court-forms/">https://www.iowacourts.gov/for-the-public/court-forms/</a>, or by printing and hand-signing.



# Rule 12.36—Form 4: Physician or Mental Health Professional's Report of Examination

In the lowa District Court for $\frac{1}{C}$	ounty where Report is filed
n the Matter of,	NoPhysician or Mental Health
Respondent Full name: first, middle, last	Professional's Report of Examination
Alleged to be Seriously Mentally Impaired	Iowa Code § 229.10 Iowa Ct. R. 12.12
1. Date and time of examination:	Day, $20$ at $Time$ : $Day$ at $Day$
<ul> <li>Respondent's information:</li> <li>A. Name:</li></ul>	
B. Address:	City State ZIP code
Month Day Y. D. Place of birth:	
E. Sex: F. Occupation:	
G. Marital status:	
•	):
I. Nearest relative:  Name: first, last	Relationship
Street address	City State ZIP code
3. Is this an examination under Iowa Code	•
<ol> <li>Did a qualified mental health profession</li> <li>If yes, provide that person's name:</li> </ol>	al assist with this exam? ☐ Yes ☐ No
Menta	al health professional's name
Business name Address	City State ZIP code
Attach the mental health professional's report, if wr	itten
Continued of	on next page

 July 2022
 Rule 12.36—Form 4
 Page 1 of 4



 $Rule~12.36 \\ --Form~4: \textit{Physician or Mental Health Professional's Report of Examination}, continued$ 

In your judgment, is Respondent mentally ill?  If yes, state diagnosis including supporting facts, symptoms, and overt acts	□Yes	□No
Check this box if you have attached additional pages.		
In your judgment, is Respondent treatable and would likely benefit from treatment?  If yes, state recommendations and basis for recommendations	□Yes	□No
Check this box if you have attached additional pages.		
In your judgment, is Respondent capable of making responsible decrespect to hospitalization or treatment?  If no, state basis for answer	isions wi □Yes	th □ No
Check this box if you have attached additional pages.		
In your judgment, is Respondent likely to physically injure self or other to remain at liberty without treatment?  If yes, state what recent overt acts by Respondent lead you to this conclusion, including apand other relevant facts	□Yes	□ No
Check this box if you have attached additional pages.		
In your judgment, is Respondent likely to inflict serious emotional injuriable to avoid contact with Respondent if allowed to remain at liber treatment?  If yes, state what recent overt acts by Respondent lead you to this conclusion, including apand other relevant facts	ty withou ☐ Yes	ıt □No
Check this box if you have attached additional pages.		
Continued on next page		



Rule 12.36—Form 4: Physician or Mental Health Professional's Report of Examination, continued

10.	In your judgment, is Respondent unable to satisfy needs for nourishmessential medical care, or shelter so that it is likely Respondent will stinjury, debilitation, or death?  If yes, state basis for answer		sical .
	Check this box if you have attached additional pages.		
11.	Does Respondent have a prior history of noncompliance with treatmed been a significant factor in the need for emergency hospitalization or acts causing serious physical injury to Respondent's self or others or cause physical injury to Respondent's self or others?  If yes, state basis for answer	has resu	ulted in npt to
	Check this box if you have attached additional pages.		
12.	Can Respondent be evaluated on an outpatient basis?  State basis for answer	□Yes	□No
	Check this box if you have attached additional pages.		
13.	Can Respondent, without danger to self or others, be released to the relative or friend during the course of evaluation?  State basis for answer	custody ☐ Yes	
	Check this box if you have attached additional pages.		
14.	Is full-time hospitalization necessary for evaluation?	□Yes	□No
15.	Does Respondent have a prior history of other physical or mental illness?  If yes, specify	□Yes	□No
	Check this box if you have attached additional pages.		
	Continued on next page		



Rule~12.36 — Form~4: Physician or Mental Health Professional's Report of Examination, continued

effects on Respondent				
☐ Check this box if you have attached additional pages.				
Physician or mental health	n professional	's signature		
Printed name		Signature*		
Title		Name of facility		
Mailing address				
City		State	ZIP code	
() Phone number				
Email address			l address, if applicable	

https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.



# Rule 12.36—Form 5: Stipulation Regarding Respondent's Presence

	In the Iowa District Court f	or	nere Stipulation is	County	
ln '	the Matter of	No			
Re	spondent Full name: first, middle, last	<sup>,</sup>   St		egarding Respondent's Presence	
Alleged to be Seriously Mentally Impaired				Iowa Code § 229.12 Iowa Ct. R. 12.19(2	
1.	I,, am Full name: first, middle, last	an attorne	y representir	g Respondent in this matte	
	and stipulate that Respondent need whether Respondent has a serious			hearing to determine	
2.	On, ${Month}$ ${Day}$ , ${Yea}$	, I conve	rsed with Re	espondent about the	
	hearing and Respondent's absence	e from the	hearing.		
3.	In my judgment,				
	A.  Respondent can make no mea	ningful con	tribution to the	e hearing.	
	B.   Respondent has waived the right to be present at the hearing.				
	I base this judgment on the following	ng grounds	:		
	, 6				
	Check this box if you have attached addition	nal pages.			
4.	Attorney's signature	nun pugun			
•	Accoming a dignarate	lo	1		
	Printed name	/5	Signature		
	Law firm, if applicable				
	Mailing address				
	City		ate	ZIP code	
	Phone number	$\overline{Ai}$	torney PIN num	ber	
	Email address		lditional email a	ddress, if applicable	
		20			
	Month Day	Year			
luk	2022 Rule 12	36—Form 5		Page 1 of 1	



# Rule 12.36—Form 6: Notice of Medication

	In the Iowa District Court for	County where Notice is f	County		
ln '	the Matter of	No			
Re	spondent Full name: first, middle, last	- Not	ice of Medication		
	eged to be Seriously Mentally				
lm	paired		Iowa Code § 229.12(1)		
1.	I, Physician's name	hysician, inform the	e court that Respondent was		
	medicated with the following: Include the dosage, and approximate date and time administ		tion (including chemotherapy),		
2.	Check this box if you have attached additional pages.  This medication may cause the following effects on Respondent:				
	Check this box if you have attached additiona	l pages.			
3.	Physician's signature				
	Printed name	Signature*			
	Name of hospital or facility				
	Mailing address				
	City	State	ZIP code		
	()Phone number				
	Email address	Additional ema	il address, if applicable		
	, 20				
	Month Day Year				
	*This form may be signed either by using a digiti https://www.iowacourts.gov/for-the-public/court				
July	2022 Rule 12.36	S—Form 6	Page 1 of 1		

[Court Order August 17, 2022, effective November 1, 2022]



# $\textbf{Rule 12.36} \color{red} \textbf{—Form 7:} \ \textit{Application for Extension of Time for Psychiatric Evaluation}$

	In the Iowa District Court f	County where Application is	County
In	the Matter of	No	
Respondent Full name: first, middle, last			Extension of Time for atric Evaluation
	eged to be Seriously Mentally		
lm	paired		Iowa Code § 229.13
1.	I,, chief medical officer	edical officer of ${Hospital}$	or facility
	request an extension of time not to psychiatric evaluation of Responde	exceed seven days in	
2.	I request this extension because:		
	Check this box if you have attached addition	nal pages.	
3.	It is my opinion that this extension i	s in Respondent's best	interests.
4.	Chief medical officer's signature		
	Printed name	Signature*	
	Name of hospital or facility		
	Mailing address		
	City	State	ZIP code
	( )		
	Phone number		
	Email address	Additional email ac	ldress, if applicable
	, 20		
	Month Day Yes	$\overline{r}$	
	*This form may be signed either by using a dig https://www.iowacourts.gov/for-the-public/cou		
July	2022 Rule 12.	36—Form 7	Page 1 of 1

[Court Order August 17, 2022, effective November 1, 2022]



# Rule 12.36—Form 8: Chief Medical Officer's Report of Psychiatric Evaluation

In the lowa District Court for County				
ln '	the Matter of	No		
Respondent Full name: first, middle, last		Chief Medical Officer's Report of Psychiatric Evaluation		
	leged to be Seriously Mentally paired	Iowa Code § 229.14		
1.	I,, chief medi			
	and for the Report of Psychiatric Evalu	uation of Respondent, state the following.		
2.	Date and time of evaluation:			
3.	State treatment Respondent received			
4.	Check this box if you have attached additional was Respondent medicated at the time of the medication, dosage effects on Respondent			
	Check this box if you have attached additional	pages.		
5.	Have there been previous psychiatric <i>If yes, complete the following:</i>	illnesses? □ Yes □ No		
	A. Approximate date(s) of illness:			
	B. Was hospitalization or treatment nece If yes, provide place, date, length of stay, and			
	Check this box if you have attached addition	onal pages.		
	Continued	d on next page		

	Rule 12.36—Form 8: Chief Medical Officer's Report of Psychiatric Evaluation, continued		
6.	Does Respondent have any other disease or injury at present? If yes, specify	□Yes	□No
	Check this box if you have attached additional pages.		
7.	Respondent's past medical history:		
	Check this box if you have attached additional pages.		
8.	Is Respondent suffering from any transmissible disease within the part or has Respondent been exposed to such a disease within the past to lfyes, specify		
9.	Check this box if you have attached additional pages.  Is there a family history of mental illness, mental deficiency, or convudisorder?  If yes, give name(s), relationship, and type of disorder	ılsive	□No
	Check this box if you have attached additional pages.		
10.	In your opinion, is Respondent mentally ill?  If yes, state diagnosis including supporting facts, symptoms, and overt acts	□Yes	□No
	Check this box if you have attached additional pages.		
	Continued on next page		

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 Rule 12.36—Form 8
 Page 2 of 5



 $Rule~12.36\\ --Form~8: \textit{Chief Medical Officer's Report of Psychiatric Evaluation}, continued$ 

11.	In your opinion, is Respondent treatable and would likely benefit from treatment?	es	□No
	Check this box if you have attached additional pages.		
12.	In your opinion, is Respondent capable of making responsible decisions we respect to hospitalization or treatment?		□No
	Check this box if you have attached additional pages.		
13.	In your opinion, is Respondent likely to physically injure self or others if all to remain at liberty without treatment?  If yes, state what recent overt acts by Respondent lead you to this conclusion, including approximand other relevant facts	es	□ No
	Check this box if you have attached additional pages.		
14.	In your opinion, is Respondent likely to inflict serious emotional injury on tunable to avoid contact with Respondent if Respondent is allowed to remain	ain a es	at □No
	Check this box if you have attached additional pages.		
	Continued on next page		



Rule 12.36—Form 8: Chief Medical Officer's Report of Psychiatric Evaluation, continued

15.	es inj	sen ury,	ur opinion, is Respondent unable to satisfy needs for nourishment, clothing, ntial medical care, or shelter so that it is likely Respondent will suffer physical, debilitation, or death?   Yes No tate basis for answer				
	$\Box$	Chec	k this box if you have attached additional pages.				
16.	no ho Re se	es nco spit spc	Respondent have a prior history of noncompliance with treatment and the impliance has either (1) been a significant factor in the need for emergency alization or (2) has resulted in acts causing serious physical injury to ondent's self or others or an attempt to cause physical injury to Respondent's others?				
	_						
	_	Cl	A die besifere Lees and a divised a second				
17.	_		ok this box if you have attached additional pages.  Desed treatment and placement				
		-	r opinion,				
		eck o	•				
	A.		Respondent does not, as of the date of this Report, require further treatment for serious mental impairment. Iowa Code § 229.14(1)( <i>a</i> ).				
	B.		Respondent is seriously mentally impaired and is in need of full-time custody, care, and inpatient treatment in a hospital, and is likely to benefit from treatment. lowa Code $\S$ 229.14(1)( $b$ ).				
			Recommended further treatment:				
			Check this box if you have attached additional pages.				
	C.						
			Recommended treatment on an outpatient or other appropriate basis:				
			Check this box if you have attached additional pages.				
			Continued on next page				

 $Rule~12.36\\ --Form~8: \textit{Chief Medical Officer's Report of Psychiatric Evaluation}, continued$ 

D. 🗆	Respondent is seriously mentally impaired and in need of full-time custody and care, but is unlikely to benefit from further inpatient treatment in a hospital. Iowa Code § 229.14(1)( <i>d</i> ).			
	Recommended alterna	ative placement:		
	Check this box if you ha	we attached additional pages.		
		pporting your recommended ctive and effective for Respon		
	ck this box if you have attach	ned additional pages		
_	ck this box if you have attach			
_	medical officer's sig			
Chief Printed	medical officer's sig	nature		
Printed Name of	medical officer's sig	nature		
Printed Name of	medical officer's sig	nature		
Printed Name of	medical officer's sig	nature	ZIP code	
Name of Mailing	medical officer's sig  I name  of hospital or facility  g address	nature  Signature*	ZIP code	
Name of Mailing	medical officer's sig	nature  Signature*	ZIP code	
Name of Mailing	medical officer's sig	signature*  Signature*  State	ZIP code	
Name of Mailing  City  Phone	medical officer's sig	signature*  Signature*  State		

July 2022 Rule 12.36—Form 8 Page 5 of 5

County



#### Rule 12.36—Form 9: Chief Medical Officer's Periodic Report (Respondent Inpatient)

In the lowa District Court for County where Report is filed

In the Matter of		No			
Respondent Full name: first, middle, last  Alleged to be Seriously Mentally Impaired		Chief Medical Officer's Periodic Report (Respondent Inpatient)  Iowa Code § 229.15(1)			
_					
1.	I,, chief medical officer	al officer of			
	and for the Periodic Report of Responde				
2.					
3.	In your opinion, Respondent's condition	:			
	A. ☐ Has improved.				
	B. Remains unchanged.				
	C. Has deteriorated.				
	Explanation				
4.	Check this box if you have attached additional pale In your opinion, is Respondent mentally If yes, state diagnosis including supporting facts and	ill? □Yes □No			
5.	Check this box if you have attached additional particles of the particles of the control of the				
	If no, state basis for answer  Check this box if you have attached additional particular to the continued of	on next page			
July	2022 Rule 12.36—F	Form 9 Page 1 of 5			



<b>3</b> .	In your opinion, is Respondent likely to physically injure self or others if allowed to remain at liberty without treatment? Yes No If yes, state basis for answer
	Check this box if you have attached additional pages.
7.	In your opinion, is Respondent likely to inflict serious emotional injury on those unable to avoid contact with Respondent if Respondent is allowed to remain at liberty without treatment?
	Check this box if you have attached additional pages.
3.	In your opinion, is Respondent unable to satisfy needs for nourishment, clothing, essential medical care, or shelter so that it is likely Respondent will suffer physical injury, debilitation, or death?
	Check this box if you have attached additional pages.
<b>)</b> .	Does Respondent have a prior history of noncompliance with treatment and the noncompliance has either (1) been a significant factor in the need for emergency hospitalization or (2) has resulted in acts causing serious physical injury to Respondent's self or others or an attempt to cause physical injury to Respondent's self or others?
	Check this box if you have attached additional pages.
	Continued on next page



10.	Re	espo	ondent's placement Check one				
	A.		Respondent was tentatively discharged on ${Month}$ , ${Day}$ , ${Year}$				
	Month  pursuant to lowa Code section 229.16, because, in your opinion, Res longer requires further treatment or care for serious mental impairmer Explanation						
	B. C.	If y	Check this box if you have attached additional pages.  you checked 10(A), stop and sign below.  Respondent continues to be hospitalized in this hospital.  Respondent was transferred to  Location  on				
	D.		Month Day Year  229.15(5), because in your opinion it was in the best interests of Respondent.  Respondent was placed on leave on ${Month}$ , ${Day}$ , ${Yea}$				
			pursuant to Iowa Code section 229.15(5), because in your opinion it was in the besinterests of Respondent.  Respondent was instructed to return on ${Month}$ ${Day}$ , ${Day}$ , ${Yea}$				
11.	Pr	opc	osed treatment and placement				
		you eck o	opinion,				
	A.		Respondent does not, as of the date of this Report, require further treatment for serious mental impairment. Iowa Code § 229.14(1)(a). Explanation				
		1.0	Check this box if you have attached additional pages.				
	_		Respondent is seriously mentally impaired and in need of full-time custody, care, and inpatient treatment in a hospital, and is considered likely to benefit from treatment. lowa Code § 229.14(1)(b).				
			Continued on next page				
luly	202	2	Rule 12.36—Form 9 Page 3.00				



July	2022	2	Rule 12.36—Form 9 Page 4 of 5
			Continued on next page
		Chec	k this box if you have attached additional pages.
12.			acts and reasons supporting your recommended treatment and that the ent is the least restrictive and effective for Respondent:
4.5			Check this box if you have attached additional pages.
			Recommended alternative placement:
	D.		Respondent is seriously mentally impaired and in need of full-time custody and care, but is unlikely to benefit from further inpatient treatment in a hospital. Iowa Code § 229.14(1)( <i>d</i> ).
	_		Check this box if you have attached additional pages.
			Recommended treatment on an outpatient or other appropriate basis:
	C.		Respondent is seriously mentally impaired and in need of treatment but does not require full-time hospitalization. Iowa Code § 229.14(1)( $c$ ).
	_		Check this box if you have attached additional pages.
		(3)	Recommended further treatment:
		<b>(0</b> )	c. Respondent be placed or remain on leave until
			b. Respondent be transferred to
			a. Respondent remain in this hospital.
		(2)	Recommendation: Check one
			b.   Cannot be determined at this time.
			a. 🗌 Is
		(1)	hospital:  Check one



#### 13. Chief medical officer's signature

Printed name	Signature*		
Name of hospital or facility			
Mailing address			
	State	ZIP code	
() Phone number			
Email address	Additional emai	il address, if applicable	
Month Day Year	_		

<sup>\*</sup>This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.



# Rule 12.36—Form 10: Periodic Report (Respondent Outpatient)

	In the lowa District Court for	County ounty where Report is filed					
_ In	the Matter of	No					
Respondent Full name: first, middle, last  Alleged to be Seriously Mentally Impaired		Periodic Report (Respondent Outpatient)					
		Iowa Code § 229.15(2)					
1.	I,, of						
_	and for the Periodic Report of Responde						
2.		n an outpatient or other appropriate basis at					
	Month	, 20 					
3.	In your opinion, Respondent's condition	:					
	A. Has improved.						
	B. Remains unchanged.						
	C. ☐ Has deteriorated.						
	Explanation						
	Check this box if you have attached additional pa	eges.					
4.	In your opinion, is Respondent mentally If yes, state diagnosis including supporting facts and						
	Check this box if you have attached additional pa	oges.					
5.	In your opinion, is Respondent capable respect to hospitalization or treatment? If no, state basis for answer	of making responsible decisions with ☐ Yes ☐ No					
	Check this how if you have attached additional so	Totals.					
	Check this box if you have attached additional pa	ાષ્ટ્રહ્ય.					
	Continued of	on next page					



Rule 12.36—Form 10: Periodic Report (Respondent Outpatient), continued

6.	In your opinion, is Respondent likely to physically injure self or others if allowed to remain at liberty without treatment? Yes No If yes, state basis for answer
	Check this box if you have attached additional pages.
7.	In your opinion, is Respondent likely to inflict serious emotional injury on those unable to avoid contact with Respondent if allowed to remain at liberty without treatment?
	Check this box if you have attached additional pages.
8.	In your opinion, is Respondent unable to satisfy needs for nourishment, clothing, essential medical care, or shelter so that it is likely Respondent will suffer physical injury, debilitation, or death?
9.	☐ Check this box if you have attached additional pages.  Does Respondent have a prior history of noncompliance with treatment and the noncompliance has either (1) been a significant factor in the need for emergency hospitalization or (2) has resulted in acts causing serious physical injury to Respondent's self or others or an attempt to cause physical injury to Respondent's self or others?  ☐ Yes ☐ No If yes, state basis for answer
	Check this box if you have attached additional pages.
	Continued on next page



Rule 12.36—Form 10: Periodic Report (Respondent Outpatient), continued

10.	pondent's treatment Check one	
	A. [	Respondent was tentatively discharged on, 20
		Month Day Year Explanation:
		Check this box if you have attached additional pages.
	STOP I	You checked $10(A)$ , stop and sign below
	В. [	Respondent is in treatment in accordance with the court's order.
	C. [	Respondent is failing or refusing to submit to treatment as the court ordered and, in your opinion, has not shown good cause.
11.	Pro	posed treatment and placement
	In yo	our opinion,
	A. [	Respondent does not, as of the date of this Report, require further treatment for serious mental impairment. Iowa Code § 229.14(1)(a).  Explanation
		Check this box if you have attached additional pages.
	STOP	f you checked 11(A), stop and sign below.
	В. [	Respondent is seriously mentally impaired and in need of full-time custody, care, and inpatient treatment in a hospital and is considered likely to benefit from treatment. Iowa Code § 229.14(1)(b).
		Recommended inpatient treatment:
		Check this box if you have attached additional pages.
		Continued on next page

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 Page 3 of 5



	C.	Ш	require full-time hospitalization and can continue on an outpatient or other appropriate basis. Iowa Code § 229.14(1)(c).
		(1)	Estimated further length of time that Respondent will require outpatient or other appropriate treatment at this facility:  Check one
			a. 🗌 ls
			b.   Cannot be determined at this time.
		(2)	Recommended further treatment on an outpatient or other appropriate basis:
			Check this box if you have attached additional pages.
	D.		Respondent is seriously mentally impaired and in need of full-time custody and care but is unlikely to benefit from inpatient treatment in a hospital. lowa Code $\S$ 229.14(1)( $d$ ).
			Recommended alternative placement:
			Check this box if you have attached additional pages.
12.			facts and reasons supporting your recommended treatment and that the ent is the least restrictive and effective for Respondent:
		Chec	k this box if you have attached additional pages.



Rule 12.36—Form 10: Periodic Report (Respondent Outpatient), continued

#### 13. Signature

Signature*	Printed name		
Title**	Name of facility		
Mailing address			
City	State ZIP code		
() Phone number			
- Email address	Additional email address, if applicable		
Month Day Year	_		

An advanced registered nurse practitioner who is not certified as a psychiatric advanced registered nurse practitioner but who meets the qualifications set forth in the definition of a mental health professional in Iowa Code section 228.1 may complete this Periodic Report. Iowa Code § 229.15(3)(b).

<sup>\*</sup>This form may be signed either by using a digitized signature, see instructions at <a href="https://www.iowacourts.gov/for-the-public/court-forms/">https://www.iowacourts.gov/for-the-public/court-forms/</a>, or by printing and hand-signing.

<sup>\*\*</sup>The medical director of the facility or the psychiatrist or psychiatric advanced registered nurse practitioner treating Respondent may complete this Periodic Report. Iowa Code § 229.15(3)(a).

County where Report is filed

County



#### Rule 12.36—Form 11: Periodic Report (Alternative Facility Placement)

In the Iowa District Court for

In the Matter of		No				
Re	spondent Full name: first, middle, last	Periodic Report (Alternative Facility Placement)				
	eged to be Seriously Mentally paired	Iowa Code § 229.15(4)				
1.	I,, chief medical officer	al officer of .				
	Name of chief medical officer	Al officer of				
	and for the Periodic Report of Responde	ent, state the following.				
2.	An order for continued placement of Re	spondent at this facility was entered				
	$\frac{1}{Month}$ Day $\frac{1}{Year}$					
3.	In your opinion, Respondent's condition					
٠.	A.   Has improved.					
	_ ,					
	<ul><li>B. ☐ Remains unchanged.</li><li>C. ☐ Has deteriorated.</li></ul>					
	Explanation					
	Expression					
	Check this box if you have attached additional pa	iges.				
4.	In your opinion, is Respondent mentally If yes, state diagnosis including supporting facts and					
	Check this box if you have attached additional pa	iges.				
5.	In your opinion, is Respondent capable respect to hospitalization or treatment? If no, state basis for answer	of making responsible decisions with ☐ Yes ☐ No				
	Check this box if you have attached additional pa	iges.				
	Continued of	on next page				
100	Dul- 10.00 F	D4				
July	2022 Rule 12.36—Fi	orm 11 Page 1 of 4				



Rule 12.36—Form 11: Periodic Report (Alternative Facility Placement), continued

6.	In your opinion, is Respondent likely to physically injure self or others if allowed to remain at liberty without treatment? Yes No If yes, state basis for answer				
	Check this box if you have attached additional pages.				
7.	In your opinion, is Respondent likely to inflict serious emotional injury on those unable to avoid contact with Respondent if allowed to remain at liberty without treatment?   Yes No If yes, state basis for answer				
	Check this box if you have attached additional pages.				
8.	In your opinion, is Respondent unable to satisfy needs for nourishment, clothing, essential medical care, or shelter so that it is likely Respondent will suffer physical injury, debilitation, or death?   Yes  No If yes, state basis for answer				
	Check this box if you have attached additional pages.				
9.	Does Respondent have a prior history of noncompliance with treatment and the noncompliance has either (1) been a significant factor in the need for emergency hospitalization or (2) has resulted in acts causing serious physical injury to Respondent's self or others or an attempt to cause physical injury to Respondent's self or others?				
	Check this box if you have attached additional pages.				
	Continued on next page				



Rule 12.36—Form 11: Periodic Report (Alternative Facility Placement), continued

10.	Respo	ondent's placement Check one
	A. 🗌	Respondent was tentatively discharged on, 20
		Explanation Month Day Year
	_	Check this box if you have attached additional pages.
	STOP If y	ou checked $10(A)$ , stop and sign below.
	В. 🗌	Respondent continues to be placed at this facility.
11.	Propo	sed treatment and placement
	In my Check o	opinion,
	A. 🗆	Respondent does not, as of the date of this Report, require further treatment for serious mental impairment. Iowa Code § 229.14(1)( <i>a</i> ). <i>Explanation</i>
	7C.	Check this box if you have attached additional pages.
	_	you checked 11(A), stop and sign below.
	В. 🗌	Respondent is seriously mentally impaired and in need of full-time custody, care, and inpatient treatment in a hospital, and is considered likely to benefit from treatment. lowa Code § 229.14(1)(b).
		Recommended inpatient treatment:
		Check this box if you have attached additional pages.
	C. 🗆	Respondent is seriously mentally impaired and in need of treatment but does not require full-time hospitalization. lowa Code § $229.14(1)(c)$ .
		Recommended treatment on an outpatient or other appropriate basis:
		Check this box if you have attached additional pages.
		Continued on next page

	Rule 12	.36—Form 11: Periodic Report (Alternative Facilit	y Placement), continued			
	D. 🗆	Respondent is seriously mentally impacare, but is unlikely to benefit from furt Code § 229.14(1)( <i>d</i> ).		_		
	(1)	Estimated further length of time Resp	ondent will require trea	atment in this facility:		
		a. 🗌 Is				
		b.   Cannot be determined at this	time.			
	(2)	Recommendation: Check one				
		a.   Respondent remain in this fac	cility.			
		b.   Respondent be transferred to				
	(3)	Recommended further treatment:				
		Check this box if you have attached addition	nal pages.			
12.	. State facts and reasons supporting your recommended treatment and that the treatment is the least restrictive and effective for Respondent:					
	Chec	k this box if you have attached additional page.	s.			
13.	Signa	ture				
			_			
	Signatur	·e*	Printed name			
	Title		Name of facility			
	Mailing	address				
	City		_, State	ZIP code		
	(					
	Phone n	umber	_			
	F:1	14	Addition of	if analicable		
	Email ac	adress	Additional email address	, у аррисавие		

\*This form may be signed either by using a digitized signature, see instructions at <a href="https://www.iowacourts.gov/for-the-public/court-forms/">https://www.iowacourts.gov/for-the-public/court-forms/</a>, or by printing and hand-signing.

 July 2022
 Rule 12.36—Form 11
 Page 4 of 4

[Court Order August 17, 2022, effective November 1, 2022]

Day



Rule 12.36—Form 12: Notice of Appeal from Findings of Magistrate or Judicial Hospitalization Referee

	In the lowa District Court for $\frac{1}{Ca}$	county where Notice is filed			
n the Matter of		No			
Respondent Full name: first, middle, last  Alleged to be Seriously Mentally		Notice of Appeal from Findings of Magistrate or Judicial Hospitalization Referee			
1111	paired	Iowa Code § 229.21(3)			
1.	To: The clerk of the district court for	County.			
2.		t the findings of the magistrate or judicial is seriously mentally impaired, made on			
	Month Day, 2	20			
	Month Day	Year			
3.	Respondent requests a review of this maccordance with Iowa Code section 229				
4.	Signature				
	Printed name	Signature*			
	Date:	20 Year			
	Signed by: Check one				
	☐ Respondent				
	☐ Attorney				
	□ Next friend of Respondent				
	☐ Guardian of Respondent				
	*This form may be signed either by using a digitized https://www.iowacourts.gov/for-the-public/court-for				



#### Rule 12.36—Form 13: Attorney's Motion to Withdraw

In the Iowa District Court for	ounty where Motion is filed	
In the Matter of  Respondent Full name: first, middle, last	No Attorney's Motion to Withdraw	
Alleged to be Seriously Mentally Impaired	Iowa Code § 229.19(1)(c)	

- The court appointed the undersigned attorney to represent Respondent in this
  matter.
- **2.** After hearing on the matter, the court found Respondent was seriously mentally impaired.
- 3. In my opinion there is no further need of legal services at this time.
- **4.** Pursuant to Iowa Code section 229.19(1)(*c*), I request that the court appoint a Mental Health Advocate for Respondent, if one has not been appointed already, and that I be relieved from further representation of Respondent in this matter and be allowed to withdraw.

#### 5. Attorney's signature

	/s/		
Printed name	Signature		
Law firm, if applicable			
Mailing address			
City	State	ZIP code	
()Phone number	Attorney PIN num	nber	
Email address	Additional email o	address, if applicable	
$ \underline{Month} $ , 20 $ \underline{Day} $ , Year	_		



#### Rule 12.36—Form 14a: Claim for Attorney Fees

In the lowa District Court for $\frac{1}{C}$	County where Claim is filed		
In the Matter of	No		
Respondent Full name: first, middle, last	Claim for Attorney Fees		
Alleged to be Seriously Mentally Impaired	Iowa Code § 229.8		

- 1. I, the undersigned attorney, state that the court appointed me to represent Respondent, alleged to be seriously mentally impaired, pursuant to Iowa Code section 229.8, and that I have completed representation of Respondent in this matter as set forth in the itemized statement provided with this Claim and that I have not directly or indirectly received or entered into a contract to receive any compensation for such services from any sources.
- 2. I request an order to be compensated in accordance with the provisions of Iowa Code section 229.8

Code section	n 229.8.							
Oath and signature								
l,	I,, have read this Claim, and certify under Print your full name: first, middle, last							
	penalty of perjury and pursuant to the laws of the State of Iowa that the information provided in this Claim is true and correct.							
	. 20 /s/							
Month	Day	Year		s signature				
Mailing address	S			City	State	ZIP code		
( )								
Phone number				Email address				
				_				
Additional ema	il address, if ap	oplicable		Attorney PIN nun	nber			



#### Rule 12.36—Form 14b: Claim for Physician Fees

	In the lowa District Court for	County where Claim is fi	County				
ln 1	the Matter of		for Physician Fees				
Re	spondent Full name: first, middle, last	, Claim	ior Physician Fees				
	eged to be Seriously Mentally paired		Iowa Code § 229.1				
1.	I, the undersigned physician, state that examined Respondent, alleged to be shave been completed as set forth in the and that I have not directly or indirectly receive any compensation for such se	seriously mentally ne itemized statem y received or ente	impaired, and that services nent provided with this Claim red into a contract to				
2.	th the provisions of Iowa						
3.	Oath and signature						
	I, Print your full name: first, middle, last	, have read th	is Claim, and certify under				
	penalty of perjury and pursuant to the laws of the State of lowa that the information provided in this Claim is true and correct.						
	, 20						
	Month Day Voge Claiman	st's sion struc*					
	Month Day Year Claiman	t's signature*					
	Month Day Year Claiman  Name of hospital or facility	it's signature*					
	Month Day Year Claiman	t's signature*					
	Month Day Year Claiman  Name of hospital or facility	nt's signature*	ZIP code				
	Month Day Year Claiman  Name of hospital or facility  Mailing address		ZIP code				

\*This form may be signed either by using a digitized signature, see instructions at <a href="https://www.iowacourts.gov/for-the-public/court-forms/">https://www.iowacourts.gov/for-the-public/court-forms/</a>, or by printing and hand-signing.



# Rule 12.36—Form 15: Notice of Appointment of Mental Health Advocate

In the Iowa District Court for _	County where Notice is filed
In the Matter of	No
Respondent Full name: first, middle, last	Notice of Appointment of Mental Health Advocate
Alleged to be Seriously Mentally Impaired	Iowa Code § 229.19(1)(c)
To:  Name of Respondent	
You are notified that	
your Mental Health Advocate. Your Advocate representing your interests in this proceeding treatment.	
Signature	
	s sionature

# CHAPTER 13

# RULES FOR INVOLUNTARY COMMITMENT OR TREATMENT OF PERSONS WITH SUBSTANCE-RELATED DISORDERS

Rule 13.1		<ul> <li>forms obtained from clerk</li> </ul>		
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Rule 13.35		nvoluntary Commitment or Treatment of Persons with Related Disorders		
	Form 1:	Application Alleging Substance-Related Disorder		
	Form 2:	Affidavit in Support of Application Alleging		
		Substance-Related Disorder		
	Form 3:	Application for Appointment of Counsel for Respondent		
		and Financial Statement		
	Form 4:	Application for Appointment of Counsel for Applicant		
		and Financial Statement		
	Form 5:	Physician's Report of Examination		
	Form 6:	Stipulation Regarding Respondent's Presence		
	Form 7:	Notice of Medication		
	Form 8:	Application for Extension of Time for Evaluation		
	Form 9:	Report of Substance Abuse Evaluation		
	Form 10:	Periodic Report (Respondent Inpatient)		
	Form 11:	Periodic Report (Respondent Outpatient)		
	Form 12:	Report of Respondent's Discharge		
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	T	Hospitalization Referee		
	Form 14a:	Claim for Attorney Fees		
	Form 14b:	Claim for Physician Fees		

# CHAPTER 13 RULES FOR INVOLUNTARY COMMITMENT OR TREATMENT OF PERSONS WITH SUBSTANCE-RELATED DISORDERS

Rule 13.1 Application — forms obtained from clerk. A form for application seeking the involuntary commitment or treatment of any person on grounds of substance-related disorder may be obtained from the clerk of court in the county in which the person whose commitment is sought resides or is presently located. Such application may be filled out and presented to the clerk by any person who has an interest in the treatment of another for substance-related disorder and who has sufficient association with or knowledge about that person to provide the information required on the face of the application and under Iowa Code section 125.75. The clerk or clerk's designee shall provide the forms required by Iowa Code section 125.75 to the person who desires to file the application for involuntary commitment. The clerk shall see that all the information required by Iowa Code section 125.75 accompanies the application.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

Rule 13.2 Termination of proceedings — insufficient grounds. If the judge or referee determines that insufficient grounds to warrant a hearing on the respondent's substance misuse appear on the face of the application and supporting documentation, the judge or referee shall order the proceedings terminated and so notify the applicant. All papers and records pertaining to terminated proceedings shall be confidential and subject to the provisions of Iowa Code section 125.93.

[Report 1984; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

#### Rule 13.3 Notice to respondent — requirements.

- 13.3(1) If the judge or referee determines that sufficient grounds to warrant a hearing on the respondent's substance misuse appear on the face of the application and supporting documentation, the sheriff or sheriff's deputy shall immediately serve notice, personally and not by substitution, on the respondent. Pursuant to Iowa Code section 125.79, notice also shall be served on respondent's attorney as soon as the attorney is identified or appointed by the judge or referee.
- **13.3(2)** If the respondent is to be taken into immediate custody pursuant to Iowa Code section 125.81, the notice shall include a copy of the order required by Iowa Code section 125.81 and rule 13.14.
- **13.3(3)** The notice of procedures required under Iowa Code section 125.77 shall inform the respondent of the following:
  - a. Respondent's immediate right to counsel, at public expense if necessary.
- b. Respondent's right to request an examination by a physician of the respondent's choosing, at public expense if necessary.
  - c. Respondent's right to be present at the hearing.
- d. Respondent's right to a hearing within five days if the respondent is taken into immediate custody pursuant to Iowa Code section 125.81.
- e. Respondent's right not to be forced to hearing sooner than 48 hours after notice, unless respondent waives such minimum prior notice requirement.
  - f. Respondent's duty to remain in the jurisdiction and the consequences of an attempt to leave.
- g. Respondent's duty to submit to examination by a physician appointed by the court. [Report 1984; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]
- **Rule 13.4 Notice requirement** waiver. The respondent may waive the minimum prior notice requirement only in writing and only if the judge or referee determines that the respondent's best interests will not be harmed by such waiver.

[Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.5 Hearings — continuance. At the request of the respondent or respondent's attorney, the hearing provided in Iowa Code section 125.82 may be continued beyond the statutory limit so that the respondent's attorney has adequate time to prepare respondent's case. In such instances custody pursuant to Iowa Code section 125.81 may be extended by court order until the hearing is held. The continuance shall be no longer than five days beyond the statutory limit. The granting of a

continuance shall not prevent the facility from making application to the court for an earlier release of the respondent from custody.

[Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.6 Attorney conference with respondent — location — transportation. If the respondent is involuntarily confined prior to the hearing pursuant to a determination under Iowa Code section 125.81, the respondent's attorney may apply to the judge or referee for an opportunity to confer with the respondent, in a place other than the place of confinement, in advance of the hearing provided for in Iowa Code section 125.82. The order shall provide for transportation and the type of custody and responsibility therefor during the period the respondent is away from the place of confinement under this rule.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.7 Service, other than personal.** If personal service as defined in rule 13.3 cannot be made, any respondent may be served as provided by court order, consistent with due process of law. [Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.8 Return of service.** Returns of service of notice shall be made as provided in Iowa R. Civ. P. 1.308.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.9 Amendment of proof of service.** Amendment of process or proof of service shall be allowed in the manner provided in Iowa R. Civ. P. 1.309. [Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.10 Attorney evidence and argument — predetermination. If practicable the court should allow the respondent's attorney to present evidence and argument prior to the court's determination under Iowa Code section 125.81.

[Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.11 Attorney evidence and argument — after confinement. If the respondent's attorney is not afforded an opportunity to present evidence and argument prior to the court's determination under Iowa Code section 125.81, the attorney shall be entitled to do so after the determination during the course of respondent's confinement pursuant to an order issued under that section. [Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.12 Examination report to attorney. The clerk shall furnish the respondent's attorney with a copy of the examination report filed pursuant to Iowa Code section 125.80(2), as soon as possible after receipt. In ruling on any request for an extension of time under Iowa Code section 125.80(4), the court shall consider the time available to the respondent's attorney after receipt of the examination report to prepare for the hearing and to prepare responses from physicians engaged by respondent, where relevant. Respondent's attorney shall promptly file a copy of a report of any physician who has examined respondent and whose evidence the attorney expects to use at the hearing. The clerk shall provide the court and the county attorney with a copy thereof when filed. [Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.13 Physician's report.** The court-designated physician shall submit a written report of the examination as required by Iowa Code section 125.80(2) on the form designated for use by the supreme court. The report shall contain the following information, or as much thereof as is available to the physician making the report:

- (1) Respondent's name;
- (2) Address;
- (3) Date of birth;
- (4) Place of birth;
- (5) Sex;
- (6) Occupation;
- (7) Marital status;
- (8) Number of children, and names;

- (9) Nearest relative's name, relationship, and address; and
- (10) The physician's diagnosis and recommendations, with a detailed statement of the observations or medical history which led to the diagnosis.

  [Report 1984; November 9, 2001, effective February 15, 2002]
- **Rule 13.14 Probable cause to injure.** The judge's or referee's order for respondent's immediate custody under Iowa Code section 125.81 shall include a finding of probable cause to believe that the respondent is a person with a substance-related disorder and is likely to inflict self-injury or injure others if allowed to remain at liberty.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

- Rule 13.15 Hearing county location. The hearing provided in Iowa Code section 125.82 shall be held in the county where the application was filed, unless the judge or referee finds that the best interests of the respondent would be served by transferring the proceedings to a different location. [Report 1984; November 9, 2001, effective February 15, 2002]
- Rule 13.16 Hearing location at hospital or treatment facility. The hearing required by Iowa Code section 125.82 may be held at a hospital or other treatment facility, provided that a proper room is available and that such a location would not be detrimental to the best interests of respondent. [Report 1984; November 9, 2001, effective February 15, 2002]
- Rule 13.17 Respondent's rights explained before hearing. Respondent's attorney shall explain to respondent the respondent's rights and the possible consequences of the proceedings. Prior to the commencement of the hearing under Iowa Code section 125.82, the judge or referee shall ascertain whether the respondent has been so informed. [Report 1984; November 9, 2001, effective February 15, 2002]
- **Rule 13.18 Subpoenas.** Subpoena power shall be available to all parties participating in the proceedings, and subpoenas or other investigative demands may be enforced by the judge or referee. [Report 1984; November 9, 2001, effective February 15, 2002]

#### Rule 13.19 Presence at hearing — exceptions.

- **13.19(1)** The applicant and any physician or mental health professional who has examined respondent in connection with the commitment proceedings must be present at the hearing conducted under Iowa Code section 125.82, unless their presence is waived by the respondent's attorney, the judge or referee finds that their presence is not necessary, or their testimony can be taken through telephonic means and the respondent's attorney does not object.
- 13.19(2) The respondent must be present at the hearing unless prior to the hearing the respondent's attorney stipulates in writing to respondent's absence. Such stipulation shall state that the attorney has conversed with the respondent, that in the attorney's judgment the respondent can make no meaningful contribution to the hearing or has waived the right to be present, and the basis for such conclusions. A stipulation to the respondent's absence shall be reviewed by the judge or referee before the hearing, and shall be rejected if it appears that insufficient grounds are stated or that the respondent's interests would not be served by respondent's absence.

[Report 1984; October 11, 1991, effective January 2, 1992; November 9, 2001, effective February 15, 2002]

- **Rule 13.20 Hearing electronic recording.** An electronic recording or other verbatim record of the hearing provided in Iowa Code section 125.82 shall be made and retained for three years or until the respondent has been discharged from involuntary custody for 90 days, whichever is longer. [Report 1984; November 9, 2001, effective February 15, 2002]
- **Rule 13.21 Transfer from county of confinement.** If the respondent is in custody in another county prior to the hearing provided in Iowa Code section 125.82, respondent's attorney may request that the respondent be delivered to the county in which the hearing will be held sufficiently prior thereto to facilitate preparation by respondent's attorney. Such requests shall not be denied unless they are unreasonable and the denial would not harm respondent's interests in representation by counsel. This

rule does not authorize permanent transfer of the respondent to another facility without conformance to appropriate statutory procedures.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.22 Evaluation and treatment.** If, upon hearing, the court finds respondent to be a person with a substance-related disorder, evaluation and treatment shall proceed as set out in Iowa Code section 125.83.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

Rule 13.23 Evaluation — time extension. Pursuant to Iowa Code section 125.83, the facility administrator may request a seven-day extension of time for further evaluation by filing a written application with the clerk of court in the county in which the hearing was held. The application shall contain a statement by the facility administrator or the administrator's designee identifying with reasonable particularity the basis of the request for extension. The clerk shall immediately notify the respondent's attorney of the request by furnishing a copy of the application. [Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.24 Evaluation report. The facility administrator's report under Iowa Code section 125.84 shall include a written evaluation of the respondent by the attending physician or the physician's designee. The evaluation must state with reasonable particularity the basis for the diagnostic conclusions concerning the respondent's substance misuse and recommended treatment. The evaluation shall specify the basis for the attending physician's conclusions regarding respondent's substance misuse, capacity to understand the need for treatment, and dangerousness. The evaluation also shall specify the basis for the attending physician's conclusions concerning recommended treatment and the basis for the judgment that the recommended treatment is the least restrictive alternative possible for the respondent pursuant to options (1), (2), (3), or (4) of Iowa Code section 125.84.

[Report 1984; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

Rule 13.25 Reports issued by clerk. The clerk shall promptly furnish to the respondent's attorney copies of all reports issued under Iowa Code section 125.86. Such reports shall comply substantially with the requirements of rule 13.24.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.26 Clerk's filing system.** The clerk shall institute an orderly system for filing periodic reports required under Iowa Code section 125.86 and shall monitor the reports to ascertain when a report is overdue. If a report is not filed when due, the clerk shall notify the administrator of the treatment facility.

[Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.27 Emergency detention — magistrate's approval. If the magistrate cannot immediately proceed to the facility where a person is detained pursuant to Iowa Code section 125.91, the magistrate shall verbally communicate approval or disapproval of the detention. Such communication shall be duly noted by the administrator of the facility on the form prescribed by this chapter. [Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.28 Emergency detention — attending physician absent from facility. If the facility to which the respondent is delivered pursuant to Iowa Code section 125.91 lacks an attending physician, the person then in charge of the facility shall immediately notify a physician whenever treatment appears necessary to protect the respondent. The person in charge of the facility shall then immediately notify the magistrate.

[Report 1984; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

Rule 13.29 Attorney appointed. As soon as practicable after the respondent's delivery to a facility under Iowa Code section 125.91, the magistrate shall identify or appoint an attorney for the respondent and shall immediately notify such attorney of respondent's emergency detention. If counsel can be identified at the time of respondent's arrival at a facility, or if legal services are available through

a legal aid or public defender office, the magistrate must immediately notify such counsel. Such counsel shall be afforded an opportunity to interview the respondent before or after the magistrate's order is issued.

[Report 1984; November 9, 2001, effective February 15, 2002]

Rule 13.30 Chemotherapy procedure. When chemotherapy has been instituted prior to a hearing under Iowa Code section 125.82, the attending physician of the facility where the respondent is hospitalized shall, prior to the hearing, submit to the clerk of the district court where the hearing is to be held, a report in writing. The report shall identify all types of chemotherapy given and shall specify which were administered to affect the respondent's behavior or mental state during any period of custody authorized by Iowa Code section 125.81 or 125.91. For each type of chemotherapy the report shall indicate that the chemotherapy was given with the consent of the respondent or the respondent's next of kin or guardian or, if not, that the chemotherapy was necessary to preserve the respondent's life or to appropriately control respondent's behavior in order to avoid physical injury to the respondent or others. The report shall also include the effect of the chemotherapy on the respondent's behavior or mental state. The clerk shall file the original report in the court file, advise the judge or referee and the respondent's attorney accordingly, and provide a copy of the report to respondent's attorney.

[Report 1984; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

**Rules 13.31** to **13.34** Reserved.

# Rule 13.35 Forms for Involuntary Commitment or Treatment of Persons with Substance-Related Disorders.



Rule 13.35—Form 1: Application Alleging Substance-Related Disorder

	In the lowa District Court for $C$	ounty where Application is filed
n i	the Matter of	No
₹e	spondent Full name: first, middle, last	Application Alleging Substance- Related Disorder
	eged to be a Person with a bstance-Related Disorder	Iowa Code § 125.75
1.	l,	, allege Respondent is suffering from
	a substance-related disorder.	
2.	In support of this Application, I state:	
	Check this box if you have attached additional pa	ages.
3.	Based on the above facts, I believe Reslacks judgmental capacity due to a subs	spondent is a danger to self or others and stance-related disorder.
1.	I request that: Check one	
	A.  Respondent be taken into immediate	e custody.
	B. Respondent not be taken into imme	diate custody.
5.	In support of this Application, I have attacheck all that apply	ached:
	A. A written statement of a licensed phand surgeon or mental health proce	nysician and surgeon or osteopathic physician essional.
	B.   One or more Affidavits corroborating	g these allegations. See Rule 13.35—Form 2.
	designee. NOTE: This option is only ava	and reduced to writing by the clerk or the clerk's milable when circumstances make it infeasible to obtain, or supplement, the information under either subparagraph

Continued on next page

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 Rule 13.35—Form 1
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 $Rule~13.35 \\ -Form~1: \textit{Application Alleging Substance-Related Disorder}, continued$ 

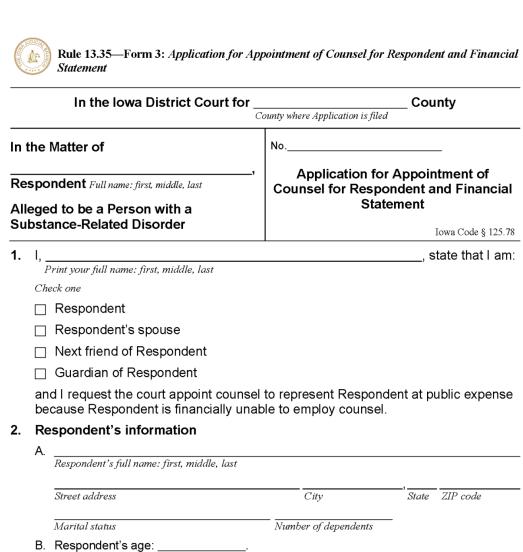
•	Attorney H	elp					
	A.  An att	orney did n	ot help m	e prepare o	r fill in this pa	aper.	
	B. An attorney helped me prepare or fill i following information:				n this paper	If you check B, you	u must fill in the
	Name of attorney or organization, if any  Business address of attorney or organization			Attorney's P.	ney's PIN – Ask the attorney		
				City	Stat	e ZIP code	
	() Attorney's phone number			Attorney's email address – optional			
	Oath and si	gnature o	f applica	ant			
	I,, have read this Application, and I certify under Print your full name: first, middle, last						
	penalty of perjury and pursuant to the laws of the State of Iowa that the information provided in this Application is true and correct.						
			<u>,</u> 20				
	Month	Day	, 20 <u> </u>	Applicant's	signature*		
	Month  Mailing address		, 20 Year	Applicant's	signature*	,,	ZIP code
			, 20 Year - - Email add		City		ZIP code ddress, if applicable



Rule 13.35—Form 2: Affidavit in Support of Application Alleging Substance-Related Disorder

In the Iowa [	County where Affi	davit is filed	Cc	ounty		
In the Matter of		No				
Respondent Full name: first	t, middle, last				ort of Application e-Related Disorder	
Alleged to be a Person Substance-Related Dis					Iowa Code § 125.75	
, Full name: first, middle, last	, state that I	am acquainte	ed with Re	esponde		
Street address	City		County	, State	ZIP code	
☐ Check this box if you have at	tached additional pages.					
Oath and signature						
l,	, h	ave read this	Affidavit	, and I d	ertify under	
penalty of perjury and puthis Affidavit is true and	ursuant to the laws		of lowa t	hat the i	nformation in	
nionin Duy	1001 13310111	, signature				
Mailing address		City		State	ZIP code	
Phone number	Email address		Additional	email add	ress, if applicable	
*This form may be signed either the-public/court-forms/, or by page 1			actions at <u>htt</u>	tps://www.	iowacourts.gov/for-	
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[Court Order August 17, 2022, effective November 1, 2022]



Continued on next page

C. Is Respondent currently in custody? ☐ Yes ☐ No

☐ Part-time (approximate hours per week:\_\_\_\_)

D. Respondent's employment status:

□ Full-time

☐ Unemployed



Rule 13.35—Form 3: Application for Appointment of Counsel for Respondent and Financial Statement, continued

#### 3. Respondent's income

A. Income Respondent currently receives before taxes and deductions:

\*How often received? W = Weekly B = Bi-weekly (every other week) M = Monthly Y = Yearly

	Income			
Average current income for Respondent	How often received?*  W, B, M, Y	Amount		
(1) Wages from employer				
Employer name:		<b> </b>		
Job title:				
(2) Wages from employer				
Employer name:		\$		
Job title:				
(3) Unemployment assistance		\$		
(4) Family Investment Program		\$		
(5) Social Security		\$		
(6) Other  Identify:		\$		
(7) Other		\$		
Identify:		·		
(8) Other  Identify:		\$		
(9) Totals from attached pages, if any				
Check this box if you have attached additional pages		\$		
regarding income sources.				
Total		\$		
Total income received by Respondent		*		

В.	Total income from the past 12 months from any source, before taxes and deductions:
	\$
C.	Is Respondent's spouse working? ☐ Yes ☐ No
	If yes, average wages before taxes and deductions: \$
	per: ☐ hour ☐ month ☐ year



Rule 13.35—Form 3: Application for Appointment of Counsel for Respondent and Financial Statement, continued

#### 4. Respondent's assets

#### A. Real estate

Type of real estate	Jointly owned?	Market value What it would sell for	Debt Total amount owed on debt and to whom owed	Net value Market value minus debt owed
(1) Homestead  Address		\$	\$ to:	\$
(2) Other real estate  Address		\$	\$ to:	\$

 $<sup>\</sup>square$  Check this box if you have attached additional pages.

#### B. Vehicles (includes cars, trucks, motorcycles, boats, and other motorized vehicles)

Vehicle Make (e.g., Ford), model, year	Jointly owned?	Market value What it would sell for	Debt Total amount owed on debt and to whom owed	Net Value Market value minus debt owed
(1)		\$	to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

Check this box if you have attached additional page.	Г	Check	this be	x if you	have	attached	additional	pages
--	---	-------	---------	----------	------	----------	------------	-------

_	Other search if any
C.	Other assets, if any:
	Check this box if you have attached additional pages.



 $Rule~13.35 \\ -Form~3: \textit{Application for Appointment of Counsel for Respondent and Financial Statement}, continued$ 

#### 5. Respondent's debts

Debts and liabilities of Respondent	Debts and liabilities
Debte and natimites of Nespendent	Amount
(1) Mortgage	\$
(2) Car Ioan	\$
(3) Credit card debt	\$
(4) Other  Identify:	\$
(5) Other <i>Identify:</i>	\$
(6) Other  Identify:	\$
(7) Totals from attached pages, if any  Check this box if you attached additional pages regarding debts and liabilities.	\$
Total	\$

#### 6. Respondent's expenditures

Type of expense	Amount  Check one  ☐ monthly ☐ annual
(1) House payment or rent	\$
(2) Food	\$
(3) Insurance (health, dental, auto, etc.)	\$
(4) Utilities (gas, electric, water, internet, etc.)	\$
(5) Phone	\$
(6) Child support payments	\$
(7) Car payment	\$



 $Rule~13.35 \\ -Form~3: \textit{Application for Appointment of Counsel for Respondent and Financial Statement}, continued \\ -Form~3: \textit{Application for Appointment of Counsel for Respondent and Financial Statement}, \\ -Form~3: \textit{Application for Appointment of Counsel for Respondent and Financial Statement}, \\ -Form~3: \textit{Application for Appointment of Counsel for Respondent and Financial Statement}, \\ -Form~3: \textit{Application for Appointment of Counsel for Respondent and Financial Statement}, \\ -Form~3: \textit{Application for Appointment of Counsel for Respondent and Financial Statement}, \\ -Form~3: \textit{Application for Appointment of Counsel for Respondent and Financial Statement}, \\ -Form~3: \textit{Application for Appointment of Counsel for Respondent and Financial Statement}, \\ -Form~3: \textit{Application for Appointment of Counsel for Respondent and Financial Statement}, \\ -Form~3: \textit{Application for Respondent and Financial Statement}$ 

Total Total expenditures	\$
(12) Totals from attached pages, if any  Check this box if you have attached additional pages regarding expenses.	\$
(11) Other expense  Identify:	\$
(10) Other expense  Identify:	\$
(9) Other expense  Identify:	\$
(8) Credit card payments	\$

#### 7. Oath and signature

Print your full n	ame: first,	middle, last	, have	e read	this Applica	ition, ar	nd I certify u	nder
penalty of perj provided in thi					State of Iov	va that	the informa	tion
		_, 20						
Month	Day	Year A	Applicant's sig	nature*				
Mailing address				City		State	ZIP code	
()					4.11:0:1		1	1
Phone number		Email addi				етан ааа	lress, if applicab	ie

<sup>\*</sup>This form may be signed either by using a digitized signature, see instructions at <a href="https://www.iowacourts.gov/for-the-public/court-forms/">https://www.iowacourts.gov/for-the-public/court-forms/</a>, or by printing and hand-signing.



# Rule 13.35—Form 4: Application for Appointment of Counsel for Applicant and Financial Statement

	In the lowa District Court for $\frac{1}{C}$	ounty where A	pplication is filed	_ County
n the	Matter of	No		
Respo	ondent Full name: first, middle, last		sel for Applica	ppointment of int and Financial
	ed to be a Person with a		Statem	ent
Subst	ance-Related Disorder			Iowa Code §§ 125.76, .7
<b>1.</b> I, <u>.</u>				, state that I am
1	Print your full name: first, middle, last e Applicant in this case, and pursuant			
be	25.78(2), I request the court appoint coecause I am financially unable to emplepplicant's information			' ·
	Applicant's full name: first, middle, last			
	Street address	City	v ·	State ZIP code
	Marital status	— Number oj	f dependents	
B.	Applicant's age:		-	
C.	. Applicant's employment status:			
	☐ Full-time			
	☐ Part-time (approximate hours per we	eek:	_)	
	☐ Unemployed			
3. Ap	pplicant's income			
A.	Income currently received by Applicant,	before tax	es and deductio	ens:
	*How often received? $W = Weekly B = Bi$ -weekly (every other week) $\Lambda$	M = Monthly	Y = Yearly	
				ncome
	Average current income for Applica	nt	How often received?*  W, B, M, Y	Amount
	(1) Wages from employer			
	Employer name:			\$
	Job title:			



 $Rule~13.35\\ --Form~4: \textit{Application for Appointment of Counsel for Applicant and Financial Statement}, continued$ 

	(1)Wages from employer  Employer name:		
	Job title:		<b>\$</b>
	(2) Wages from employer		
	Employer name:		\$
	Job title:		
	(3) Unemployment assistance		\$
	(4) Family Investment Program		\$
	(5) Social Security		\$
	(6) Other  Identify:		\$
	(7) Other  Identify:		\$
	(8) Other		\$
	Identify:		*
	(9) Totals from attached sheets, if any  Check this box if you have attached additional pages		\$
	regarding income sources.		
	Total Total income received by Applicant		\$
_			
B.	Total income from the past 12 months from any so \$	ource, before taxe	es and deductions:
C.	Is Applicant's spouse working? ☐ Yes ☐ No		
	If yes, average wages before taxes and deduction	s: \$	
			☐ month ☐ year
		. —	_ <b>_</b> ;



 $Rule~13.35 \\ -Form~4: \textit{Application for Appointment of Counsel for Applicant and Financial Statement}, continued the property of the propert$ 

# 4. Applicant's assets

#### A. Real estate

Type of real estate	Jointly owned?	Market value What it would sell for	Debt Total amount owed on debt and to whom owed	Net value Market value minus debt owed
(1) Homestead  Address		\$	\$ to:	\$
(2) Other real estate  Address		\$	\$ to:	\$

 $<sup>\</sup>square$  Check this box if you have attached additional pages.

#### B. Vehicles (includes cars, trucks, motorcycles, boats, and other motorized vehicles)

Vehicle Make (e.g., Ford), model, year	Jointly owned?	Market value What it would sell for	Debt Total amount owed on debt and to whom owed	Net Value Market value minus debt owed
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

Check this box if you have attached addition	annonai	mai bayes
--	---------	-----------

C.	Other assets, if any:

Check this box if you have attached additional pages.



 $Rule~13.35 \\ -Form~4: \textit{Application for Appointment of Counsel for Applicant and Financial Statement}, continued \\ -Form~4: \textit{Application for Appointment of Counsel for Applicant and Financial Statement}, \\ -Form~4: \textit{Application for Appointment of Counsel for Applicant and Financial Statement}, \\ -Form~4: \textit{Application for Appointment of Counsel for Applicant and Financial Statement}, \\ -Form~4: \textit{Application for Application for Applicatio$ 

# 5. Applicant's debts

Debts and liabilities of Applicant	Debts and liabilities
Дене и по	Amount
(1) Mortgage	\$
(2) Car loan	\$
(3) Credit card debt	\$
(4) Other  Identify:	\$
(5) Other  Identify:	\$
(6) Other  Identify:	\$
(7) Totals from attached sheets, if any  Check this box if you attached additional pages regarding debts and liabilities.	\$
Total	\$

# 6. Applicant's expenditures

Type of expense	Amount  Check one  ☐ monthly ☐ annual
(1) House payment or rent	\$
(2) Food	\$
(3) Insurance (health, dental, auto, etc.)	\$
(4) Utilities (gas, electric, water, internet, etc.)	\$
(5) Phone	\$
(6) Child support payments	\$
(7) Car payment	\$



Rule 13.35—Form 4: Application for Appointment of Counsel for Applicant and Financial Statement, continued

(8) Credit card payments	\$
(9) Other expense  Identify:	\$
(10) Other expense  Identify:	\$
(11) Other expense  Identify:	\$
(12) Totals from attached pages, if any  Check this box if you have attached additional pages regarding expenses.	\$
Total Total expenditures	\$

#### 7. Oath and signature

Print your full name: first, middle, last			, hav	, have read this Application, and I certify und				ınder
penalty of per provided in th					State of lov	va that	the informa	tion
		, 20						
Month	Day	Year A	Applicant's sig	znature*				
Mailing address				City		State	ZIP code	
() Phone number		– Email addi	ress		Additional e	email add	ress, if applica	ble

<sup>\*</sup>This form may be signed either by using a digitized signature, see instructions at <a href="https://www.iowacourts.gov/for-the-public/court-forms/">https://www.iowacourts.gov/for-the-public/court-forms/</a>, or by printing and hand-signing.



# Rule 13.35—Form 5: Physician's Report of Examination

	In the lowa District Court for $\frac{1}{C}$	ounty where Report is fi		unty				
n t	he Matter of	No						
Res	spondent Full name: first, middle, last	Physician's	Examination					
	eged to be a Person with a ostance-Related Disorder				le § 125.80 tt. R. 13.13			
1.	Date and time of examination: $\underline{}$	Day	, 20 at	:: 'ime	□a.m.			
2.	Respondent's information:							
	A. Name:							
	Full name: first, middle, last							
	B. Address:  Street address	City		State ZI	Danda			
	C. Date of birth: ${Month}$ ${Day}$ , ${Y}$			State ZII	r coae			
	D. Place of birth:							
	E. Sex:							
	F. Occupation:							
	G. Marital status:							
	H. Number of children: Name(s	):						
	I. Nearest relative:							
	Name: first, last	Relationship						
	Street address	City	State	ZIP code	е			
3.	Is this an examination under Iowa Code	e section 125.80'	?	□Yes	□No			
4.	Did facility personnel assist with this ex	am?		_ □Yes	_ No			
	If yes, provide that person's name:							
	Facility personnel's name							
	Business address	- City	State	ZIP code	е			
	Attach the facility personnel's report, if written							
	Continued	on next page						



Rule 13.35—Form 5: Physician's Report of Examination, continued

☐ Check this box if you have attached additional pages.  In your judgment, is Respondent a danger to self or others and lacks juggested disorder?	] Yes	
In your judgment, is Respondent a danger to self or others and lacks ju	] Yes	
	] Yes	
capacity due to a substance-related disorder?  If yes, state what recent overt acts by Respondent lead you to this conclusion, including approand other relevant facts		
Check this box if you have attached additional pages.		
In your judgment, is Respondent treatable and would likely benefit from treatment?  If yes, state recommendations and basis for recommendations	]Yes	□No
Check this box if you have attached additional pages.		
Can Respondent be evaluated on an outpatient basis?  Basis for answer	] Yes	□No
Check this box if you have attached additional pages.		
Can Respondent, without danger to self or others, be released to the curelative or friend during the course of evaluation?  Basis for answer	ustody ] Yes	
Check this box if you have attached additional pages.		
D. Is full-time hospitalization necessary for evaluation?	] Yes	□No
Continued on next page		



Rule 13.35—Form 5: Physician's Report of Examination, continued

11.	Does Respondent have a prior history of other substance-related disorders or physical or mental illness?  [Yes No If yes, specify]								
12.	☐ Check this box if you have attached additional pages.  Was Respondent medicated at the time of examination? ☐ Yes ☐ No If yes, provide name(s) of the medication, dosage, approximate date and time administered, and probable effects on Respondent								
13.	Check this box if you	ou have attached	l additional paş	ges.					
	Signature*			Printed name					
	Title**			Name of facility					
	Mailing address								
	City			State	ZIP code				
	Phone number								
	Email address		20		il address, if applicable				
	Month		_, 20 Year	_					
	*This form may be sign https://www.iowacourt **The Report of Exam	ts.gov/for-the-pu	blic/court-forn	ns/, or by printing a					

 $osteopathic\ physician\ and\ surgeon\ or\ mental\ health\ professional.\ Iowa\ Code\ \S\ 125.80(2).$ 



## Rule 13.35—Form 6: Stipulation Regarding Respondent's Presence

	In the Iowa [	District Cou		nty where Stipulati	on is filed	
ln '	the Matter of			No		
Re	Respondent Full name: first, middle, last		,	Stipulation Regarding Respondent		
	Alleged to be a Person with a Substance-Related Disorder			Iowa Code § 1:		
1.	l, Full name: first, middle,	last	am an a	ttorney repres	enting Respondent in this	
					sent at the hearing to stance-related disorder.	
2.	On,	, 20	), l co Year	onversed with	Respondent about the	
	hearing and Respor	ident's absei	nce from	the hearing.		
3.	In my judgment,					
	A. Respondent ca	an make no m	neaningful	contribution to	o the hearing.	
	B. Respondent ha	as waived the	right to b	e present at th	e hearing.	
	I base this judgment		-	-	-	
	. Dage tine jaaginein		9 9. 0.			
	Check this box if you he	ive attached ada	litional pag	es.		
4.	Attorney's signatu	re				
				/s/		
	Printed name			Signature		
	Law firm, if applicable					
	Mailing address					
	City			State	ZIP code	
	( )					
	Phone number			Attorney PIN	number	
	Email address			Additional em	ail address, if applicable	
			. 20			
	Month	Day	Year	_		
Julv	2022	Rule	13.35—Fo	rm 6	Page 1 of 1	



## Rule 13.35—Form 7: Notice of Medication

	In the lowa District Court for $\frac{1}{C}$	County where Notice is filed					
In t	the Matter of	No					
Re	spondent Full name: first, middle, last	Noti	ce of Medication				
	eged to be a Person with a bstance-Related Disorder		Iowa Code § 125.82(1)				
1.	I,, phys	sician, inform the	e court that Respondent was				
	medicated with the following: Include the nadosage, and approximate date and time administered		tion (including chemotherapy),				
2.		☐ Check this box if you have attached additional pages.  This medication may cause the following effects on Respondent:					
3.	Check this box if you have attached additional per	ages.					
	Printed name	Signature*					
	Name of facility						
	Mailing address						
	City	State	ZIP code				
	() Phone number						
	Email address, 20	Additional emai	il address, if applicable				
	Month Day Year	_					
	*This form may be signed either by using a digitized https://www.iowacourts.gov/for-the-public/court-for-						

 July 2022
 Rule 13.35—Form 7
 Page 1 of 1



## Rule 13.35—Form 8: Application for Extension of Time for Evaluation

	In the lowa District Court		unty where Application	on is filed
ln	the Matter of	_	No	6 Futoncion of Time for
Re	spondent Full name: first, middle, last		Application	for Extension of Time for Evaluation
	eged to be a Person with a bstance-Related Disorder			Iowa Code § 125.
1.	I,, chief r	nedica	officer of $\frac{1}{Hosp}$	vital or facility
	request an extension of time not to evaluation of Respondent.	exce	ed seven days	in order to complete the
2.	I request this extension because:			
	Check this box if you have attached addit	ional pag	ges.	
3.	It is my opinion that this extension	is in F	Respondent's b	pest interests.
4.	Chief medical officer's signatur	е		
	Printed name		Signature*	
	Name of facility			
	Mailing address			
	City		State	ZIP code
	() Phone number		_	
	Email address		Additional ema	uil address, if applicable
	, 20_		_	
	Month Day	ear		
	*This form may be signed either by using a d https://www.iowacourts.gov/for-the-public/co			
July	2022 Rule 1	3.35—F	orm 8	Page 1 of

Page 1 of 3



## Rule 13.35—Form 9: Report of Substance Abuse Evaluation

	In the lowa District Court for County  County where Report is filed				
In t	the Matter of	No			
Re	spondent Full name: first, middle, last	Report of Substance Abuse Evaluation			
	eged to be a Person with a bstance-Related Disorder	Iowa Code § 125.84 Iowa Ct. R. 13.24			
1.	I,, of	facility			
	and for the Report of Substance Abuse following.	Evaluation of Respondent, state the			
2.	Date and time of evaluation:	, 20 at: □ a.m. 			
3.	State treatment Respondent received d	<del>_</del> .			
4.	of evaluation? Yes No				
	Check this box if you have attached additional pa	iges.			
5.	In your opinion, is Respondent a person disorder as defined by the American Ps If yes, state diagnosis including supporting facts, syn	ychiatric Association? ☐ Yes ☐ No			
	Check this box if you have attached additional pa	iges.			
	Continued o	on next page			

C	Rule 1	3.35—Form 9: Report of Substance Abuse Evaluation, continued	
6.	from t	ur opinion, is Respondent treatable and would likely benefit treatment?  — Yes — Notate recommendations and basis for recommendations	1c
		ck this box if you have attached additional pages.	_
7.	In you treatm	ur opinion, does Respondent have the capacity to understand the need for	1c
			_
8.	In you capac	ck this box if you have attached additional pages.  If opinion, is Respondent a danger to self or others and lacks judgmental city due to a substance-related disorder?  Yes Nate what recent overt acts by Respondent lead you to this conclusion, including approximate date(s) are relevant facts	
		ck this box if you have attached additional pages.	_
9.		osed treatment and placement	
	-	ur opinion,	
	A. 🗆	Respondent does not, as of the date of this Report, require further treatment for substance abuse. Iowa Code § 125.84(1).	
	В. 🗆	Respondent is a person with a substance-related disorder and in need of full-time custody, care, and treatment in a facility and is likely to benefit from treatment. low Code § 125.84(2).	
		Recommended further treatment:	
			_
		Check this box if you have attached additional pages.	

Continued on next page

Rule 13.35—Form 9: Report of Substance Abuse Evaluation, continued

			with a cube	ance related die	order and in need of treatm			
		-	•	_	lowa Code § 125.84(3).			
	Recommende	d treatmer	nt on an outp	patient or other a	ppropriate basis:			
	$\square$ Check this bo	x if you have	attached addi	tional pages.				
_		•			order and in need of treatm a Code § 125.84(4).			
	Recommende	ed alternativ	ve placemer	nt:				
	Check this bo	x if you have	attached addi	tional pages.				
State f	acts and reas	enne elinn	orting your	recommended	I treatment and that the			
treatme	ent is the leas	suresurcu	ve and elle	ctive for Respo	ondent.			
			ent is the least restrictive and effective for Respondent:					
	k this how if you h	save attached	l additional na	nas				
_	k this box if you h	nave attached	l additional pa	ges.				
_		ave attached	l additional pa	ges.				
_		nave attached	l additional pa	ges.				
Signat	ure	nave attached	l additional pa					
_	ure	nave attached	l additional pa	ges. Signature*				
Signat	ure	nave attached	l additional pa	Signature*				
Signat	ure	ave attached	l additional pa		v			
Signat  Printed r  Title	ure name	ave attached	l additional pa	Signature*	y			
Signat  Printed r  Title	ure name	nave attached	l additional pa	Signature*	y			
Signat  Printed r  Title  Mailing 0	ure name	nave attached	l additional pa	Signature*  Name of facility				
Signat  Printed r  Title	ure name	nave attached	l additional pa	Signature*	ZIP code			
Signat  Printed r  Title  Mailing 0	ure name	nave attached	l additional pa	Signature*  Name of facility				
Signat  Printed r  Title  Mailing of	address	ave attached	l additional pa	Signature*  Name of facility				
Printed r  Title  Mailing of City  () Phone m	address	ave attached	l additional pa	Signature*  Name of facility  State	ZIP code			
Printed r  Title  Mailing of City  ()	address			Signature*  Name of facility  State  Additional ema				
Printed r  Title  Mailing of City  () Phone m	address			Signature*  Name of facility  State  Additional ema	ZIP code			
Printed r  Title  Mailing of City  () Phone m	address		_, 20 Year	Signature*  Name of facility  State  Additional ema	ZIP code			
Printed r  Title  Mailing of City  () Phone nu  Email accommodate  Month	address  umber	Day	., 20 Year	Signature*  Name of facility  State  Additional ema	ZIP code lil address, if applicable			
Printed n  Title  Mailing of City  () Phone m  Email accompany to the state of	address  umber  ddress	Day l either by usi	, 20 Year ing a digitized	Signature*  Name of facility  , State  Additional ema	ZIP code  il address, if applicable  uctions at			
Printed n  Title  Mailing of City  () Phone m  Email accompany to the state of	address  umber  ddress	Day l either by usi	, 20 Year ing a digitized	Signature*  Name of facility  State  Additional ema	ZIP code il address, if applicable			

 July 2022
 Rule 13.35—Form 9
 Page 3 of 3



## Rule 13.35—Form 10: Periodic Report (Respondent Inpatient)

	In the lowa District Court for	County ounty where Report is filed				
ln 1	the Matter of	No				
Re	spondent Full name: first, middle, last	Periodic Report (Respondent Inpatient)				
	eged to be a Person with a bstance-Related Disorder	Iowa Code § 125.86(1)				
1.	I,, of					
	Full name Hospital or and for the Periodic Report of Responde					
2.						
3.	State treatment Respondent received d					
	Check this box if you have attached additional po					
4.	In the opinion of the chief medical office  A.   Has improved.	r, Respondent's condition:				
	B. Remains unchanged.					
	C. Has deteriorated.					
	Explanation					
	Check this box if you have attached additional pa	nges.				
5.	In your opinion, is Respondent a persor disorder as defined by the American Ps If yes, state diagnosis including supporting facts and	ychiatric Association? ☐ Yes ☐ No				
	Check this box if you have attached additional po	nges.				
	Continued of	on next page				



Rule 13.35—Form 10: Periodic Report (Respondent Inpatient), continued

from tr	r opinion, is Respondent treatable and would likely benefit reatment?	□Yes	
lf yes, st	tate recommendations and basis for recommendations		
Chec	k this box if you have attached additional pages.		
treatm	r opinion, does Respondent have the capacity to understand thent? nent? ate basis for answer		for
Chec	k this box if you have attached additional pages.		
	r opinion, is Respondent a danger to self or others and lacks ju	_	
	ity due to a substance-related disorder?  tate basis for answer	□Yes	
If yes, st	ale basis for answer	□Yes	
If yes, st		□Yes	
If yes, st	tale basis for answer  What this box if you have attached additional pages.  Dised treatment and placement  Topinion,	□Yes	
☐ Chec Propo In you	tale basis for answer  What this box if you have attached additional pages.  Dised treatment and placement  Topinion,		
☐ Chec Propo In you	Respondent does not, as of the date of this Report, require further to substance abuse. lowa Code § 125.84(1).		for
☐ Chec Propo In you	Respondent does not, as of the date of this Report, require further to substance abuse. lowa Code § 125.84(1).		

Rule 13.35—Form 10: Periodic Report (Respondent Inpatient), continued

	B.		Respondent is a person with a substance-related disorder and in need of full-time custody, care, and treatment in a facility and is considered likely to benefit from treatment. lowa Code § 125.84(2).
		(1)	Estimated further length of time that Respondent will require treatment in a facility: Check one
			a. 🔲 Is
			b.  Cannot be determined at this time.
		(2)	Recommended further treatment:
		(2)	Necommended faither deathern.
			Check this box if you have attached additional pages.
	C.		Respondent is a person with a substance-related disorder and in need of treatment but does not require full-time placement in a facility. Iowa Code $\S$ 125.84(3).
			Recommended treatment on an outpatient or other appropriate basis:
			Check this box if you have attached additional pages.
	D.		Respondent is a person with a substance-related disorder and in need of treatment but is not responding to the treatment provided. lowa Code § 125.84(4).
			Recommended alternative placement:
			Check this box if you have attached additional pages.
10.			facts and reasons supporting your recommended treatment and that the ent is the least restrictive and effective for Respondent:
		Chec	k this box if you have attached additional pages.
			Continued on next page



Rule 13.35—Form 10: Periodic Report (Respondent Inpatient), continued

#### 11. Signature

Printed name	Signature*	Signature*		
Title	Name of facility	Name of facility		
Mailing address				
City	State	ZIP code		
() Phone number				
Email address	Additional ema	il address, if applicable		
Month Day Year				

\*This form may be signed either by using a digitized signature, see instructions at <a href="https://www.iowacourts.gov/for-the-public/court-forms/">https://www.iowacourts.gov/for-the-public/court-forms/</a>, or by printing and hand-signing.



## Rule 13.35—Form 11: Periodic Report (Respondent Outpatient)

	In the lowa District Court for $\frac{1}{C}$	County where Report is filed		
ln '	the Matter of	No		
ΑII	espondent Full name: first, middle, last eged to be a Person with a bstance-Related Disorder	Periodic Report (Respondent Outpatient)		
1.	I,, of	Iowa Code § 125.86(2)		
	Full name Hospital or and for the Periodic Report of Responde			
2.	An order for continued treatment of Resentered $\frac{1}{Month}$ $\frac{1}{Day}$ , $\frac{20}{Year}$	pondent at this facility was		
3.	State treatment Respondent received d			
4.	☐ Check this box if you have attached additional particle.  In the opinion of the chief medical office.  A. ☐ Has improved.  B. ☐ Remains unchanged.  C. ☐ Has deteriorated.  Explanation			
5.	Check this box if you have attached additional pale In your opinion, is Respondent a person disorder as defined by the American Pset If yes, state diagnosis including supporting facts and	n with a substance-related ychiatric Association? ☐ Yes ☐ No		
	Check this box if you have attached additional pa	iges.		
	Continued of	on next page		



Rule 13.35—Form 11: Periodic Report (Respondent Outpatient), continued

6.	In your opinion, is Respondent treatable and would likely benefit from treatment?  Yes Note the state recommendations and basis for recommendations	0
	if yes, state recommendations and oasis for recommendations	
	Check this box if you have attached additional pages.	
7.	In your opinion, does Respondent have the capacity to understand the need for treatment?   Yes No. If no, state basis for answer	0
	Check this box if you have attached additional pages.	_
8.	In your opinion, is Respondent a danger to self or others and lacks judgmental capacity due to a substance-related disorder?   Yes  Yes  No	0
	Check this box if you have attached additional pages.	
9.	Proposed treatment and placement	
	In your opinion, Check one	
	A.  Respondent does not, as of the date of this Report, require further treatment for substance abuse. Iowa Code § 125.84(1).  Explanation	
		_
	Check this box if you have attached additional pages.	
	SIP If you checked 9(A), stop and sign below.	
	Continued on next page	

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 Rule 13.35—Form 11
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	custody, care, and treatment in a facility and is considered likely to benefit from treatment. lowa Code § 125.84(2).
	Recommended further treatment:
	Check this box if you have attached additional pages.
C. 🗆	Respondent is a person with a substance-related disorder and in need of treatmen but does not require full-time placement in a facility. Iowa Code § 125.84(3).
(1)	Estimated further length of time Respondent will require treatment on an outpatier or other appropriate basis: Check one
	a. 🗌 Is
	b.   Cannot be determined at this time.
(2)	Recommended further treatment:
	Check this box if you have attached additional pages.
D. 🗆	Respondent is a person with a substance-related disorder and in need of treatmen but is not responding to the treatment provided. lowa Code § 125.84(4).
	Recommended alternative placement:
	Check this box if you have attached additional pages.
	facts and reasons supporting your recommended treatment and that the nent is the least restrictive and effective for Respondent:
Chec	ck this box if you have attached additional pages.
	Continued on word ware
	Continued on next page
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B.  $\ \ \square$  Respondent is a person with a substance-related disorder and in need of full-time



Rule 13.35—Form 11: Periodic Report (Respondent Outpatient), continued

#### 11. Signature

Printed name	Signature*		
Title**	Name of facility		
Mailing address			
City ()	State	ZIP code	
Phone number			
Email address, 20	Additional email ad	ddress, if applicable	
Month Day Year	-		

An advanced registered nurse practitioner who is not certified as a psychiatric advanced registered nurse practitioner but who meets the qualifications of a mental health professional may complete this Periodic Report. Iowa Code § 125.86(3)(b).

<sup>\*</sup>This form may be signed either by using a digitized signature, see instructions at <a href="https://www.iowacourts.gov/for-the-public/court-forms/">https://www.iowacourts.gov/for-the-public/court-forms/</a>, or by printing and hand-signing.

<sup>\*\*</sup>A psychiatric advanced registered nurse practitioner treating Respondent may complete this Periodic Report. Iowa Code § 125.86(3)(a).



#### Rule 13.35—Form 12: Report of Respondent's Discharge

In the le	owa District C		nunty where Report is filed		
In the Matter of			No		
Respondent Full na	me: first, middle, last	,	Report of Respondent's Discharge		
Alleged to be a Pe Substance-Relate				Iowa Code § 125.85(4)	
I,		, adm	ninister of		
Name			Facility		
inform the court that	at Respondent	was disch	arged from this f	acility or treatment on	
				-	
Month	Day	_, 20 Year	<del>_</del> ·		
Signature					
Printed name			Signature*		
Title			Name of facility		
Mailing address					
City			State	ZIP code	
()					
Phone number					
Email address			Additional email	address, if applicable	
		_, 20	_		
Month	Day	Year			

\*This form may be signed either by using a digitized signature, see instructions at <a href="https://www.iowacourts.gov/for-the-public/court-forms/">https://www.iowacourts.gov/for-the-public/court-forms/</a>, or by printing and hand-signing.



# Rule 13.35—Form 13: Notice of Appeal from Findings of Magistrate or Judicial Hospitalization Referee

	In the lowa District Court for $_{\overline{G}}$	County where Notice is filed			
In the Matter of  Respondent Full name: first, middle, last  Alleged to be a Person with a Substance-Related Disorder		No			
		Notice of Appeal from Findings of Magistrate or Judicial Hospitalization Referee			
1.	To: The clerk of the district court for	County.			
2.	Respondent appeals to the district cour hospitalization referee that Respondent disorder, made on ${Month}$ ${Day}$ , ${2}$				
3.	3. Respondent requests a review of this matter by a judge of the district court in accordance with Iowa Code section 229.21(3).				
4.	Signature				
	Printed name				
	Date:	20 <i>Year</i>			
	Signed by: Check one				
	☐ Respondent				
	☐ Attorney				
	□ Next friend of Respondent				
	☐ Guardian of Respondent				
	*This form may be signed either by using a digitized				

3.



#### Rule 13.35—Form 14a: Claim for Attorney Fees

In the lowa District Court for		unty this Claim is filed
In the Matter of		No
Respondent Full name: first, middle, last	_'	Claim for Attorney Fees
Alleged to be a Person with a Substance-Related Disorder		
		Iowa Code § 125.78(1)

- 1. I, the undersigned attorney, state that the court appointed me to represent Respondent, alleged to be a person with a substance-related disorder, pursuant to lowa Code section 125.78(1), and that I have completed representation of Respondent in this matter as set forth in the itemized statement provided with this Claim and that I have not directly or indirectly received or entered into a contract to receive any compensation for such services from any sources.
- 2. I request an order to be compensated in accordance with the provisions of Iowa Code section 125.78(1).

Oath and signature			
l,	_, have read th	nis Claim, and	d certify under
penalty of perjury and pursuant to the lar provided in this Claim is true and correct		of lowa that	the information
. 20 /s/			
Month Day Year Claiman	nt's signature		
Mailing address	City	State	ZIP code
()			
Phone number	Email address		
Additional email address, if applicable	Attorney PIN nu	mber	



#### Rule 13.35—Form 14b: Claim for Physician Fees

In the lowa District Court for	County where Claim is filed	
In the Matter of	No	
Respondent Full name: first, middle, last	Claim for Physician Fees	
Alleged to be a Person with a Substance-Related Disorder	Iowa Code § 125.80(1)	
1. I, the undersigned physician, state that	pursuant to Iowa Code section 125.80(1), I	

- 1. I, the undersigned physician, state that pursuant to Iowa Code section 125.80(1), I examined Respondent, alleged to be a person with a substance-related disorder, and that services have been completed as set forth in the itemized statement provided with this Claim and that I have not directly or indirectly received or entered into a contract to receive any compensation for such services from any sources.
- 2. I request an order to be compensated in accordance with the provisions of Iowa Code section 125.80(1).

3.	Oath and signature	
	I,	, have read this Claim, and certify under
	Print your full name: first, middle, last	,

penalty of perjury and pursuant to the laws of the State of Iowa that the information provided in this Claim is true and correct.

		_, 20			
Month	Day	Year Claiman	nt's signature*		
Mailing address			City	State	ZIP code
() Phone number		– Email address	- $A$	Idditional email add	ress, if applicable

<sup>\*</sup>This form may be signed either by using a digitized signature, see instructions at <a href="https://www.iowacourts.gov/for-the-public/court-forms/">https://www.iowacourts.gov/for-the-public/court-forms/</a>, or by printing and hand-signing.